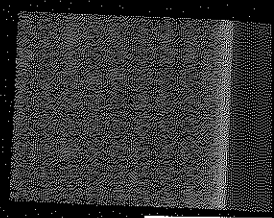

Air

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I. Air Procedures

A. Procedure 211201: Tracking Material Composition
B. Procedure 211202: Tracking VOM Content
C. Procedure 211203: Material Usage Tracking
D. Procedure 211204: Extrusion Laminator VOM Daily Log
E. Procedure 211205: Monthly Subpart JJJJ Compliance w/o Controls
F. Procedure 211206: Monthly Subpart JJJJ Compliance w/Controls
G. Procedure 211207: Monthly Boiler Operating Hours
H. Procedure 211208: Refrigeration Unit Management
I. Procedure 211209: Refrigeration Maintenance
J. Procedure 211210: Permanent Total Enclosure Inspection
K. Procedure 211211: Parameter Monitoring
L. Procedure 211212: Fugitive Particulate Matter
M. Procedure 211213: Natural Gas Usage

II. Forms

A. Form VOMT: Percent VOM Calculation
B. Form PDST: Product Data Sheet
C. Form VOLA: VOM Reporting Log – Laminators/Coaters
D. Form VOPA: VOM Reporting Log – Printers
E. Form VORA: VOM Reporting Log – ROTO
F. Form ELVL: VOM Reporting Log – Extrusion Laminator
G. Form MHCD: Monthly HAP Compliance Determination
H. Form CHCD: Monthly Controlled HAP Compliance Determination
I. Form BHMN: Boiler Hourly Meter
J. Form RUIA: Refrigeration Unit Inventory
K. Form RLRD: Refrigerant Leak Rate Determination
L. Form PTEI: PTE Inspection Checklist
M. Form BISS: Bypass Interlock Shutdown System
N. Form PACP: Paved Are Cleaning Program
O. Form ANGU: Metered Gas

III. Reference

A. Reference V-21121: VOM Content Log
B. Reference V-21122: Data Logger Diskette Change Out
C. Reference V-21123: Bypass Interlock System Check

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Purpose: To ensure that a record of the material composition of inks, adhesives, coatings, resins, primers, and overlacquers is maintained

Application: All commercial inks, adhesives, coatings, resins, primers, and overlacquers.

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. An inventory of materials purchased for manufacturing shall be maintained.
2. The inventory shall consist of the supplier, material identification number, and product description. The physical property data shall be recorded, as well as the constituent breakdown of the volatile components. The information shall be documented on the Product Data Sheet Form (PDST).
3. The information shall be retrieved from the most current MSDS or material formulation data sheet supplied by the manufacturer. Minor changes (less than 1%) in formulation data will be considered negligible and the forms will not be updated.
4. The Product Data Sheet shall contain the following information:
    - Manufacturer's Name
    - Date the form was completed
    - Product ID Number
    - Product Description
    - Density (lb/gal)
    - VOC Content (lb VOC/gal less water)
    - Total Volatiles (wt %)
    - Water Content (wt %)
    - Organic Volatiles (wt %)
    - Nonvolatile Content (wt %)
    - Total HAP Content (wt %)
    - Constituent Breakdown (list all VOC's, HAP's and SARA 313 Chemicals)
        - CAS Number
        - Weight Percent
        - Density

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dmuanne Woodall Date: 12/5/05

Purpose: To ensure that a record of the VOM content of inks, adhesives, coatings, and overlacquers is maintained.

Application: All commercial inks, adhesives, coatings and overlacquers.

Training Requirements: Environmental, Health & Safety Manager, President & COO

Procedure:

1. The VOM Content (as applied) of inks and overlacquers shall be determined in accordance with EPA Method 24. See RSTM T-01902 of the Quality Management System.

2. The testing of the ink shall take place within two weeks of its initial use, unless there are quality issues with the ink.

3. Adhesive and coatings are applied as is or as a component of a mixture. The mixture may contain several individual components, of which the VOM content as received is known. The usage of these individual components is recorded and thus, Method 24 testing will not be conducted on these mixtures.

4. The VOM Content log will be maintained and updated on a Quarterly basis containing a listing of:

    - Material
    - Supplier
    - Percent VOM, as received
    - Percent VOM, as applied

    See Reference V-21121

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Suzanne Dodrill Date: 12/5/05

Purpose: To track VOM emissions for each piece of equipment.

Application: All VOM Process Emission Sources.

Training Requirements: V.P. of Manufacturing, Environmental, Health & Safety Manager, Printing Press Operator, Laminator Operator, Color Matcher, Ink Room Assistant, Shift Supervisor, Operations Manager, Materials Coordinator

Procedure:

1. All chemical usage (as received at the machine) shall be submitted via the VOM Reporting Log to Material Management. This report shall contain:

   Laminators

   - Equipment
   - Date
   - Start Time and End Time
   - Job Number, Operator's Initials, and Shift Number
   - Product Name and Number
   - Batches Used, Lbs. Per Batch, and Amount Used (Form VOLA only)

   Printing Presses

   - Equipment
   - Date
   - Start Time and End Time
   - Job Number, Operator's Initials, and Shift Number
   - Product Name and Number
   - Quantity Delivered (Cut or Uncut) and Quantity Returned (Cut or Uncut) (Form VOPA only)

   ROTO

   - Date
   - Start Time and End Time
   - Job Number, Operator's Initials, and Shift Number
   - Product Name and Number
   - Quantity Received and Quantity Returned (Form VORA only)

2. Adhesive batches are to be recorded as they are mixed. The operator that mixes the batch is responsible for recording that batch under his/her shift.

3. Materials Management will provide the completed forms to the Environmental, Health & Safety Manager.

4. The Environmental, Health & Safety Manager will enter the information into the QA VOM Tracking Database.

5. Weekly VOM Emission Reports will be generated by Tuesday of each week for the previous week of data entry.

6. The due date for the weekly report will be delayed for those instances where the EHS Manger is out of the office or Method 24 testing is to be completed.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Suzanne Woodall Date: 12/1/05

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Purpose: To determine the daily weighted average VOM applied.

Application: Millenium Extrusion Coater/Laminator

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. The Millenium extrusion coater/laminator is limited to an application rate of 2.3 lb VOM per gallon of material applied.
2. A Daily Resin Usage report is submitted daily with the VOM reporting log (Form VOLA). See Procedure 211203.
3. The Extrusion Laminator VOM Reporting Log spreadsheet (Form ELVL.) shall be completed on a daily basis by the EHS Manager
4. The report may be delayed due to absences.
5. The date the materials ran and the screw times with the associated screw letter (use the screw times that result in the greatest run time) shall be entered in the appropriate cells.
6. Enter the appropriate job number, material name, material ID, material density (lb/gal), material usage for that particular job, and the VOM content of the material (lb VOM /gal) in the appropriate columns.
7. The spread sheet will calculate the volume of each material used for that day, and the daily weighted average lb VOM/gallon of material applied.
8. The calculated value shall be compared to the limit established in the permit.
9. If the result is greater than 2.3 lb VOM per gallon, a Corrective Action shall be initiated (See Procedure 210801).
10. The form (Form EVLV) shall be printed and attached to the VOM Reporting Log and Daily Resin Usage Report.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Suzanne Dodwell Date: 12/1/05

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Purpose: To ensure monthly compliance with NESHAP Subpart JJJJ requirements.

Application: All laminator/coater processes, without the use of controls.

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. The coater/laminators are limited to an application of 0.04 kg HAP per kg material (based on an as purchased or as applied rate) or 0.2 kg HAP per kg solids (based on an as purchased or as applied rate).
2. Within five working days from the end of the previous month, a compliance determination of the amount of HAP applied will be conducted.
3. All the coatings applied during the previous month will be identified using the form Monthly HAP Compliance Determination (Form MHCD).
4. The amount of material used during the month will be entered into the appropriate cells in the spreadsheet. The usage will be retrieved from the appropriate usage tracking spreadsheets.
5. The physical property data (% solids and % HAP's) will be retrieved from the most current Product Data Sheet (Form PDST).
6. The monthly HAP applied rate will be compared to the two limitations, and the one that shows compliance with the NESHAP requirements is the chosen method of compliance for that month.
7. If neither of the results demonstrate compliance with the NESHAP requirements, refer to Procedure 211206.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Rhuanne Dodrill Date: 12/1/05

Purpose: To ensure monthly compliance with NESHAP Subpart JJJJ requirements.

Application: All laminator/coater processes, with the use of controls.

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. The coater/laminators are limited to an application of 0.04 kg HAP per kg material (based on an as purchased or as applied rate) or 0.2 kg HAP per kg solids (based on an as purchased or as applied rate).
2. Within five working days from the end of the previous month, a compliance determination of the amount of HAP applied will be conducted.
3. All the coatings applied during the previous month will be identified using the form Monthly Controlled HAP Compliance Determination (Form CHCD).
4. The amount of material used during the month which was vented to the oxidizer will be entered into the appropriate cells with a single asterisk indicating the material was controlled.
5. The amount of material used during the month which was vented directly to the atmosphere will be entered into the appropriate cells with a double asterisk indicating the material was uncontrolled.
6. The usage will be retrieved from the appropriate material usage tracking spreadsheets.
7. The physical property data (% solids and % HAP's) will be retrieved from the most current Product Data Sheet (Form PDST).
8. An overall control factor of 95% is applied to the calculated HAP value that is vented to the oxidizer, which is based on the capture and control device efficiency tests.
9. The monthly HAP applied rate will be compared to the two limitations, and the one that shows compliance with the NESHAP requirements is the chosen method of compliance for that month.
10. If neither one of the results complies with the NESHAP requirements, a Corrective Action shall be initiated (See Procedure 210801).

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dmuanne Woodall Date: 12/1/05

Purpose: To track the operating hours of the two (2) boilers on a monthly basis.

Application: Boilers

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. The hourly usage of the two (2) boilers will be tracked on a monthly timeline.
2. Each boiler has a digital counter which tallies the hours of operating time the boiler is used.
3. On the last business day of each month, the EHS Manager shall record the meter number on the Boiler Hourly Meter Form (BHMN).
4. If the meter can not be read on the designated day, it may be recorded on the first business day of the next month.
5. The total monthly hour usage shall be determined by subtracting the previous meter reading from the current reading. The usage hours shall be recorded.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dmuanne Dodsill Date: 12/5/05

Purpose: Identify and track inventory of refrigeration units

Application: Refrigeration Units

Training Requirements: Environmental, Health & Safety Manager, Maintenance Supervisor

Procedure:

1. All industrial process refrigeration, commercial refrigeration, and comfort cooling appliances shall be inventoried.
2. The appliances location, model number, and maximum load charge shall be documented on the Refrigeration Unit Inventory Form (RUIA).
3. The inventory of appliances shall be updated as new units are added, old units are replaced, or old units removed.
4. Installation, maintenance and repair work conducted on these units will refer to Procedure 211209.

Revision Originator: Mark Pederson — Effective Date: 02/01/06

Revision History: Original: — Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson — Date: 12/7/05

President & COO: Chuanne Deduill — Date: 12/5/05

Purpose: To comply with the refrigeration leak repair requirement

Application: All industrial process refrigeration, commercial refrigeration, and comfort cooling appliances.

Training Requirements: Environmental, Health & Safety Manager, Maintenance Supervisor

Procedure:

1. Maintenance work on refrigeration units shall only be conducted by personnel licensed and trained under U.S. EPA's training protocol.

2. A copy of the Training Certificate shall be maintained with this manual.

3. Consultation with the EHS Manager will take place and documented prior to installation or maintenance work on units with load charges greater than 50 pounds.

4. After the service has been completed, the amount of refrigerant added to the unit shall be reported to the EHS Manager and documented on the Refrigerant Leak Rate Determination Form (RLRD).

5. The EHS Manager shall calculate the annual leak rate using the following equation:

$$\text{Leak rate (\% per year)} = \frac{\text{pound of refrigerant added}}{\text{pound of refrigerant in full charge}} \times \frac{365 \text{ days/year}}{\text{shorter of: \# days since refrigerant last added or 365 days}} \times 100\%$$

6. If the leak rate determined exceeds 15%, the unit shall be repaired within 30 days. A Corrective Action investigation shall be completed (see Procedure 210801).

7. If the leak rate cannot be repaired within 30 days, a report shall be submitted to U.S. EPA detailing the following:

   - Identification of the facility
   - The calculated leak rate
   - The method used to determine the leak rate
   - The full charge of the unit
   - Date the leak rate above the applicable leak rate was discovered
   - The location of the leak
   - Any work that has been completed and the date
   - Reasons why more than 30 days are need to complete the work and an estimated work completion date

7. The unit leak rate shall be verified no more than 30 days after repairs are completed.

8. If after discovery of a leak, a failed follow-up verification, or a decision to retrofit or replace has been made, a plan shall be developed within 30 days.

9. The plan must be dated, and all work performed in accordance with the plan must be completed within one year of the plans date.

10. Any deviation or delay from the plan shall be reported to U.S. EPA within 30 days of said cause.

Revision Originator: Mark Pederson

Effective Date: 02/01/06

Revision History: Original:

Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Shuanne Oordell Date: 12/05/05

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Purpose: To ensure the integrity of the Permanent Total Enclosures are maintained

Application: GFG/Duoflex and Ultralam PTE's

Training Requirements: Environmental, Health & Safety Manager, Maintenance Supervisor

Procedure:

1. The Permanent Total Enclosures (PTE's) for the GFG/Duoflex and Ultralam are to be inspected on a semi-annual basis
2. The inspection will be documented on the Permanent Total Enclosure Inspection Form (PTEI).
3. The PTE walls shall be inspected for any damage or other integrity issues.
4. The PTE material door and man doors shall be inspected for damage and to ensure they properly close.
5. The PTE material doors shall be checked to ensure they automatically close after being open 1 minute.
6. All ductwork leading from the PTE's to the oxidizer shall be inspected for damage and leaks.
7. All ductwork leading from the PTE's into the laminator ovens shall be inspected for damage and leaks.
8. On a monthly inspection frequency, the bypass damper interlock shall be inspected to ensure the laminator is not operable while the damper directs flow to atmosphere. See Reference V-21123.
9. The bypass damper interlock inspection shall be documented on the Bypass Interlock Shutdown System Form (BISS).

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dmanne Dodrill Date: 12/2/05

Purpose: To record the operating parameters of the thermal oxidizer.

Application: Thermal Oxidizer and Permanent Total Enclosures

Training Requirements: Environmental, Health & Safety Manager, Maintenance Supervisor

Procedure:

1. The chamber temperature of the oxidizer shall be monitored on a continuous basis.
2. The temperature shall be recorded to magnetic media at least once every 15 minutes.
3. The Permanent Total Enclosures pressure differential shall be monitored on a continuous basis.
4. The differential pressure shall be recorded to magnetic media at least once every 15 minutes.
5. The magnetic media disk shall be switched out with a new disk every other week. See Reference V-21122 for directions on replacing disks.
6. The data from the disks shall be retrieved and stored on the Company's computer mainframe, under drive W of the EHS Manager.
7. The data shall be reviewed after data transfer has been completed.
8. Any data gaps, out of range data points, or other areas of concern shall be documented, and corrective action initiated, if necessary.
9. If corrective action is warranted, refer to Procedure 210801.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Suzanne Dodull Date: 12/02/05

Purpose: To comply with the Fugitive Particulate Matter Operating Program

Application: All process equipment and parking facilities.

Training Requirements: Environmental, Health & Safety Manager, Maintenance Supervisor

Procedure:

1. Fugitive particulate emissions are to be controlled to the maximum extent possible.
2. Fugitive particulate emissions from process equipment are not inherent to the process, thus, monitoring of emission points from these processes are not required.
3. Fugitive particulate matter from parking areas shall be controlled as needed.
4. All parking facilities shall be inspected weekly, and documented on the Paved Area Cleaning Program Form (PACP). If cleaning is required, document it on the form, otherwise, enter Not Required.
5. The parking facilities shall be cleared of debris and washed down at least twice per year.
6. If during the weekly inspection it is determined that the parking facilities need to be cleaned, the cleaning shall take place within two weeks of the inspection date. The cleaning will be documented on the Paved Area Cleaning Program Form.
7. If the parking facilities are seal coated near the scheduled date they are to be cleaned, then the cleaning process may be skipped.

Revision Originator: Mark Pederson Effective Date: 02/06/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Suzanne Dodsell Date: 12/2/05

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ENVIRONMENTAL MANAGEMENT SYSTEM OPERATING PROCEDURE
NATURAL GAS USAGE

Rev: Original
Rev. Date: 12/01/05

Purpose: To track the monthly consumption of natural gas

Application: Rollprint Packaging Products Addison facilities.

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. Natural gas usage and subsequent emissions are regulated under the Rollprint's Title V Operating Permit.
2. At the end of each month, the Environmental, Health & Safety Manager will retrieve the previous months' gas usage from the Accounting Department. The gas usage is taken from four separate bills, representing the four different addresses operated by Rollprint.
3. The gas usage shall be documented on the Addison Natural Gas Usage Form (ANGU).
4. The form, set up as a spreadsheet, will quantify the amount of NO_x, VOM, PM, $PM_{2.5}$, SO_2, CO, and NH_3 emissions, based on the gas consumption and US EPA AP-42 emission factors.

Revision Originator: Mark Pederson

Effective Date: 02/06/06

Revision History: Original:

Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Roxanne Oordt Date: 12/2/05

PERCENT VOM CALCULATION

Method 24	Product ID Number	Pan Weight (W_1)	Syringe w/Ink	Empty Syringe	Weight after Oven	Ink weight (W_3)	Dry Ink Weight (W_4)	% Volatiles	% Volatiles Received	% VOM Received	Ink weight before dilution	weight of diluent	% VOM of Diluent	% VOM Applied	% VOM Applied
Date															
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	#DIV/0!
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	
						0	0	#DIV/0!	0.00%	0.00%	#DIV/0!	#DIV/0!	100%	#DIV/0!	

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PRODUCT DATA SHEET

Properties of materials "as supplied" by the manufacturer

Manufacturer's Name:	Date:
Product I.D. Name/Number:	
Product Description:	

A. Density $(DC)_S$:		lbs./gal
B. Volatile Organic Density		lbs VOC/gal
C. Total Volatiles $(WV)_S$		Weight Percent
D. Water Content $(WW)_S$:		Weight Percent
E. Organic Volatiles $(WO)_S$:		Weight Percent
F. Nonvolatile Content $(WN)_S$:		Weight Percent
G. Total HAP Content $(HAP)_S$:		Weight Percent

H. Constituents (List all VOC's, HAP's (3), SARA 313 Chemicals)

Ingredient	CAS Number	Target Weight Percent[3] (No Ranges)	Density (lbs./gal.)

(1) The subscript "s" denotes each value is for the ink or coating "as supplied" by the manufacturer.
(2) HAP's must be reported if present at 0.1% or greater.
(3) Organic volatiles must total item D above.

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VOM REPORTING LOG – LAMINATORS/COATERS

MACHINE (CIRCLE ONE): DUOFLEX GFG ULTRALAM MILLENIUM JET

START TIME: _____

DATE: _____

END TIME: _____

JOB NUMBER	INITIALS	PRODUCT NAME	PRODUCT NUMBER	BATCHES USED		LBS. PER BATCH		AMOUNT USED	FOR OFFICE USE ONLY
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		
					X		=		

REPORT ADHESIVE, COATING, CATALYST, AND SOLVENT USAGE.

COMPLETE FORM PER PROCEDURE 211203

FORM VOLA4 12/05

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VOM REPORTING LOG – PRINTING PRESS

PRESS (CIRCLE ONE): 434 660 ASHTON HEINRICH SIRIO START TIME: _____

DATE: _____ END TIME: _____

JOB NUMBER	INITIALS	PRODUCT NAME	PRODUCT NUMBER	AMOUNT DELIVERED	-CHECK ONE-		AMOUNT RETURNED	-CHECK ONE-		FOR OFFICE USE ONLY
					UNCUT	CUT		UNCUT	CUT	

WHEN USING A MIXED INK, PLACE THE "SYSTEM" UNDER "INK NAME" AND THE "MIX NO." UNDER "INK NUMBER."

COMPLETE FORM PER PROCEDURE 211203

FORM VOPA4 12/05

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VOM REPORTING LOG – ROTO

START TIME: _____

DATE: _____ END TIME: _____

JOB NUMBER	INITIALS	PRODUCT NAME	PRODUCT NUMBER	RECEIVED		RETURNED		AMOUNT USED	FOR OFFICE USE ONLY

REPORT ADHESIVE, COATING, CATALYST, AND SOLVENT USAGE.

COMPLETE FORM PER PROCEDURE 211203

FORM VORA2 12/05

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VOM REPORTING LOG
EXTRUSION LAMINATOR

Date:

Start Time:
End Time:

Job Number	Coating Name	Coating Number	Density (lbs/gal)	lbs	gal	VOM Content (lbs/gal)
			TOTAL	0.00	0.00	Daily Weighted Average VOM (lbs/gal)

COMPLETE FORM PER PROCEDURE 211204

Form ELVL1 12/05

UNCONTROLLED COPY

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Monthly HAP Compliance Determination

Month/Year:

Coating	Coating Number	Monthly Usage (lbs)	% Solids	% HAPS	HAP Applied (lb)	Solids Applied (lb)
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
					0.00	0.00
		Monthly Material Usage (kg)			Monthly HAP Applied (kg HAP/kg Coating	Monthly HAP Applied (kg HAP/kg solids
	TOTAL	0.00			#DIV/0!	#DIV/0!

Date Printed 12/2/2005

ROLLPRINT
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Monthly Controlled HAP Compliance Determination

Month/Year:

Coating	Coating Number	Monthly Usage (lbs)	% Solids	% HAPS	HAP Applied (lb)	Solids Applied (lb)
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
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						0.00
						0.00
						0.00
						0.00
						0.00
					0.00	0.00
					0.00	0.00

* - Materials Controlled
** - Materials Uncontrolled

	Monthly Material Usage (kg)			Monthly HAP Applied (kg HAP/kg Coating	Monthly HAP Applied (kg HAP/kg solids
TOTAL	0.00			#DIV/0!	#DIV/0!

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

BOILER HOURLY METER

YEAR: _____

MONTH		BOILER IL64677		BOILER IL59910	
		Monthly Reading	Monthly Hours	Monthly Reading	Monthly Hours
Previous Reading					
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

REFRIGERATION UNIT INVENTORY

Type of Unit		Location	Model Number	Maximum Load Charge (lbs)

ROLLPRINT PACKAGING PRODUCTS, INC.

REFRIGERATION UNIT INVENTORY

Type of Unit		Location	Model Number	Maximum Load Charge (lbs)

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

REFRIGERANT LEAK RATE DETERMINATION

Date	Refrigeration Unit (Model Number)	Verification (Y or N)	Maximum Charge (lbs)	Refrigerant Added (lbs)	Annual Leak Rate (%)	Location of Leak	Repair Needed (Yes or No)

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

PTE INSPECTION CHECKLIST

DATE: _____

Inspection Item		Ultralam PTE	GFG/Duoflex PTE	
			GFG	Duoflex
PTE Walls				
PTE Man Doors				
PTE Material Doors				
PTE Material Door Timing				
Ductwork from PTE's to Laminator Ovens				
Ductwork from Laminator Ovens to Oxidizer				
Position of Bypass Dampers (T-Valve's)				

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

BYPASS INTERLOCK SHUTDOWN SYSTEM

YEAR: _____

Month	Date and Inspector Initials	Ultralam	GFG	Duoflex
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

ROLLPRINT PACKAGING PRODUCTS, INC.

Paved Area Cleaning Program

Date	Parking Lot Inspection (Insert Date)	Cleaning Requirement (35 IAC 212.306)
Week 1		
Week 2		
Week 3		
Week 4		
Week 5		
Week 6		
Week 7		
Week 8		
Week 9		
Week 10		
Week 11		
Week 12		
Week 13		
Week 14		
Week 15		
Week 16		
Week 17		
Week 18		
Week 19		
Week 20		
Week 21		
Week 22		
Week 23		
Week 24		
Week 25		
Week 26		
Week 27		
Week 28		
Week 29		
Week 30		
Week 31		
Week 32		
Week 33		
Week 34		
Week 35		
Week 36		
Week 37		
Week 38		
Week 39		

ROLLPRINT PACKAGING PRODUCTS, INC.

Paved Area Cleaning Program

Week 40		
Week 41		
Week 42		
Week 43		
Week 44		
Week 45		
Week 46		
Week 47		
Week 48		
Week 49		
Week 50		
Week 51		
Week 52		

METERED GAS
ADDISON, IL FACILITY

YEAR:______________________________

	320 S. Stewart Avenue 339339531	340 Stewart Avenue "A" 339339772	340 Stewart Avenue "B" 339339783	345 S. Stewart Avenue 339339882	335 S. Stewart Avenue 338229687	TOTAL THERMS
JANUARY						0
FEBRUARY						0
MARCH						0
APRIL						0
MAY						0
JUNE						0
JULY						0
AUGUST						0
SEPTEMBER						0
OCTOBER						0
NOVEMBER						0
DECEMBER						0
	0.00	0.00	0.00	0.00	0.00	0

Above Numbers Represent Therms

	PM Emissions	SO2 Emissions	VOM Emissions	NOx Emissions	CO Emissions
Tons	0.000000	0.00000000	0.0000000	0.000000	0.000000

VOM (lbs)		Millenium
Peak Ozone Season	0.0000000	0.0000000
ERMS Season	0.0000000	0.0000000
Annual		0.0000000

NOX (lbs)	
Peak Ozone Season	0.000000
ERMS Season	0.000000
Annual	0.000000

NOx	PM	PM2.5	SO2	VOM	CO	NH3
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000
0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000	0.000000000

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

MATERIAL	SUPPLIER	% VOM as received	% VOM as applied
1051-2-25	Soluol	0.0	0.0
1051-3-35	Soluol	0.0	0.0
11PIC	Morton	75.6	75.6
14B	Morton	88.0	88.0
2643B	Upaco	50.0	50.0
2643W	Upaco	50.0	50.0
2643WM	Upaco	50.0	50.0
333	Morton	25.0	25.0
33-164	Morton	72.4	72.4
33-173	Morton	80	80
33G1AG	Morton	71.6	71.6
33G1AM	Morton	65.0	65.0
33R1G	Morton	71.6	71.6
33R4G	Morton	72.7	72.7
33X143-1	Morton	75.1	75.1
33X160-3	Morton	74.4	74.4
35X115	Morton	50	50
40-35	Morton	73.5	73.5
40-51 NEF	Morton	69.4	69.4
40-65E	Morton	80	80
40X-109	Morton	82	82
41A41	Morton	0.0	0.0
45B1	Morton	85	85
49F60	Morton	79.2	79.2
49ROL1	Morton	76	76
503A	Morton	56.0	73.4
506-40	Morton	60	60
518	Morton	42.7	42.7
519	Morton	40.6	40.6
522	Morton	48.0	48.0
548	Morton	34.0	34.0
550	Morton	40.0	40.0
564	Morton	25.0	25.0
76FS93	Morton	40.0	40.0
76T198	Morton	60.0	60.0
77T660	Morton	0.0	0.0
7909	Lord	39.8	39.8
811X414	Valspar	45.0	45.0
8988-022	Valspar	62.4	62.4
9762006	Valspar	85.6	85.6
A-131-X	Mica	0.0	0.0
A7734AE	Pierce & Stevens	0.0	0.0
A7911AE	Pierce & Stevens	0.16	0.16
AWX58798	Arcar	0.0	0.0
EPS 74/56W	Adcote	43.33	43.33
M-1173	Mica	0.0	0.0
PE MB 101082 Antifog	Ampacet	0.0	0.0
PR-152-C	Morton	94.7	94.7
CHG08018F/S	Sun	75.48	73.77

CHG08022F/S	Sun	79.81	82.58
CHG20042F/S	Sun	81.22	84.58
CHG40066F/S	Sun	65.89	70.59
CHG50029F/S	Sun	65.22	68.15
CHG60003F/S	Sun	65.24	70.27
CHG60023F/S	Sun	76.19	78.435
CHG60024F/S	Sun	82.13	87.57
CHG70026F/S	Sun	69.65	74.57
CHGFS3730030	Sun	73.03	76.25
CHGFS4110165	Sun	57.28	69.32
CHGFS6110047	Sun	50.46	59.89
CHGFS8110050	Sun	62.81	73.11
CHGFS9110049	Sun	43.05	52.10
CHHFS2030075	Sun	59.66	66.39
CHHFS2110142	Sun	52.82	61.46
CHHFS2730115	Sun	63.58	71.75
CHHFS3030044	Sun	70.54	74.56
CHHFS4030177	Sun	61.55	63.42
CHHFS4030220	Sun	68.27	73.6
CHHFS4710415	Sun	68.38	69.17
CHHFS5710278	Sun	54.01	63.29
CHHFS6030071	Sun	63.74	74.4
CHHFS7030105	Sun	68.92	73.93
CHHFS7710180	Sun	61.25	63.23
CHHFS9710111	Sun	51.44	56
CHIFS5030306	Sun	58.93	69.43
CHIFS5170428	Sun	73.23	76.80
CHIFS5190358	Sun	77.55	77.19
CHIFS5710322	Sun	70.19	77.16
CHIFS5730427	Sun	64.40	73.19
CHIFS7030211	Sun	51.23	62.74
CHIFS7110220	Sun	63.68	64.60
CHIFS7110275	Sun	74.66	78.10
CHIFS9030132	Sun	50.09	62.93
CHIFS9030143	Sun	66.54	76.91
CHJFS0190304	Sun	80.00	81.26
CHJFS0190377	Sun	70.76	76.52
CHJFS2110360	Sun	64.52	72.29
CHJFS2170311	Sun	60.87	69.11
CHJFS2170331	Sun	76.28	79.68
CHJFS4110764	Sun	73.25	76.92
CHJFS4170736	Sun	69.62	73.72
CHJFS5190448	Sun	71.60	73.27
CHJFS5190480	Sun	71.67	74.07
CHJFS5710444	Sun	72.56	80.25
CHJFS6170207	Sun	47.68	55.6
CHJFS7030333	Sun	64.94	74.54
CHJFS8110186	Sun	62.95	70.73
CHJFS8170163	Sun	47.78	60.31
CHKFS2110455	Sun	62.69	74.87
CHKFS4030894	Sun	68.09	77.11
CHKFS4030981	Sun Chemical	67.8	83.56

CHKFS4110893	Sun	65.39	73.52
CHKFS5030741	Sun Chemical	68.86	
CHKFS5030772	Sun Chemical	72.42	80.54
CHKFS6710300	Sun Chemical	68.36	75.77
CHKFS7030417	Sun	69.20	77.80
CHKFS7030418	Sun	68.89	79.30
CHKFS7710453	Sun Chemical	70.40	70.39
CHKFS7710454	Sun Chemical	69.67	70.94
CHKFS9170360	Sun Chemical	66.95	75.68
CHKFS9730336	Sun Chemical	56.09	65.84
CHLFS2730609	Sun Chemical	47.27	56.33
CHLFS4731130	Sun Chemical	67.77	69.72
CHLFS6730327	Sun Chemical	59.14	68.36
CHLFS6730328	Sun Chemical	47.08	49.77
CHLFS7730512	Sun Chemical	65.44	75.81
CHMFS2710737	Sun Chemical	71.77	74.90
CHMFS4111496	Sun Chemical	65.4	77.27
CHMFS4111497	Sun Chemical	71.88	72.81
CHMFS4711486	Sun Chemical	63.29	68.56
CHMFS5031107	Sun Chemical	66.43	70.05
CHMFS5171078	Sun Chemical	65.24	79.12
CHMFS5171163	Sun Chemical	59.20	61.04
CHMFS5711124	Sun Chemical	73.39	77.42
CHMFS5711125	Sun Chemical	71.39	70.90
CHMFS5711174	Sun Chemical	69.19	69.29
CHMFS5711176	Sun Chemical	69.15	78.53
CHMFS5711180	Sun Chemical	61.76	67.95
CHMFS5711182	Sun Chemical	68.11	69.32
CHMFS5711183	Sun Chemical	67.58	70.5
CHMFS7730635	Sun Chemical	69.03	73.30
CHMFS8730329	Sun Chemical	68.07	73.73
CHNFS4031568	Sun Chemical	64.73	71.58
CHNFS4171606	Sun Chemical	75.00	75.86
CHNFS4711632	Sun Chemical	66.70	72.08
CHNFS6710443	Sun Chemical	73.71	78.91
CHNFS7170677	Sun Chemical	68.52	71.09
CHNFS8710351	Sun Chemical	68.84	72.90
CHOFS2710967	Sun Chemical	69.40	78.62
CHOFS3710431	Sun Chemical	68.83	71.50
CHOFS4711740	Sun Chemical	66.03	73.61
CHOFS5711426	Sun Chemical	67.24	73.22
CHOFS5711493	Sun Chemical	71.70	77.56
CHOFS6710555	Sun Chemical	66.36	75.19
CHOFS7710806	Sun Chemical	68.23	66.37
CHOFS9710582	Sun Chemical	60.58	68.34
CHOFSM718519	Sun Chemical	60.54	65.15
Coreactant 6827-001	Valspar	90.0	90.0
Coreactant 7283	Liofil	0.1	0.1
Coreactant 9L10	Morton	25.0	25.0
Coreactant 9L23	Morton	25.0	25.0
Coreactant 9T5A	Morton	0.0	0.0
Coreactant F	Morton	25.0	25.0

Coreactant T8384	Morton	30.3	30.3
Coreactant X	Morton	50.0	50.0
EH021178	Environmental Inks	8.45	6.84
EH021373	Environmental Inks	7.56	7.03
EH021570	Environmental Inks	6.43	5.45
EH070204	Environmental Inks	0.37	0.54
EH090331	Environmental Inks	8.45	6.10
E1738AF	Pierce & Stevens	80.0	86.4
F-30679	Handschy Inks	65.59	66.07
FCTA50Z2	Color Converting Industries	40.92	48.44
FCTE2A1DE	Color Converting Industries	65.29	71.98
FCTE2A2DE	Color Converting Industries	72.21	79.9
FCTE5A3FC	Color Converting Industries	64.67	69.21
FCTH95J3	Color Converting Industries	63.04	70.9
FGB-83774	Progressive Inks	67.75	77.28
HB000942	Environmental Inks	7.97	7.96
HB000945	Environmental Inks	7.2	6.57
HB000960	Environmental Inks	7.95	7.04
HB000961	Environmental Inks	7.89	7.53
HB000976	Environmental Inks	7.64	6.73
HB001113	Environmental Inks	3.42	2.82
HB002308	Environmental Inks	7.29	7.05
HB002341	Environmental Inks	5.9	6.56
HB002429	Environmental Inks	5.40	5.93
HB002452	Environmental Inks	6.03	4.18
HB002483	Environmental Inks	0.25	0.11
HB002636	Environmental Inks	7.10	7.04
HB002637	Environmental Inks	5.39	5.18
HG000496	Environmental Inks	7.47	6.98
HG000577	Environmental Inks	3.33	3.16
HG006037	Environmental Inks	6.52	6.21
HG006255	Environmental Inks	4.85	4.67
HK000925	Environmental Inks	6.64	6.35
HN000342	Environmental Inks	7.97	7.08
HN000417	Environmental Inks	6.53	6.12
HR001113	Environmental Inks	1.46	1.28
HR001114	Environmental Inks	3.33	3.09
HR005286	Environmental Inks	5.76	6.15
HR005355	Environmental Inks	5.26	4.70
HR005379	Environmental Inks	6.12	4.05
HR005403	Environmental Inks	6.06	6.29
HR005546	Environmental Inks	5.31	5.53
HY003238	Environmental Inks	5.25	5.16
MWG12624	Environmental Inks	6.83	6.83
P110174	Zeneca	61.84	63.9
P110424	Zeneca	68.35	87.8
P110426	Zeneca	68.4	70.0
P110717	Zeneca	70.7	70.7
P110720	Sun	61.03	
P110723	Zeneca	61.6	86.4
P110724	Zeneca	60.71	67.95
P111024	Zeneca	69.5	89.0

P111502	Zeneca	59.7	63.0
P114013	Zeneca	65.9	72.68
P114104	Zeneca	69.6	73.1
P114644	Zeneca	68.4	73.0
P114778	Zeneca	61.48	73.55
P114888	Zeneca	62.2	62.2
P114927	Zeneca	65.0	66.79
P124150	Zeneca	46.7	68.8
P124152	Zeneca	69.01	83.0
P126370	Zeneca	62.6	78.1
P127009	Zeneca	68.6	68.6
P127100	Zeneca	66.1	66.2
P127334	Zeneca	45.9	57.8
P127336	Zeneca	68.1	68.1
P127337	Zeneca	55.2	55.2
P127352	Zeneca	64.24	70.1
P127387	Zeneca	68.85	75.67
P127388	Zeneca	65.34	70.9
P127390	Zeneca	67.55	71.83
P127402	Zeneca	55.6	66.7
P127481	Zeneca	68.9	71.3
P127691	Sun	68.49	69.52
P127722	Zeneca	67.7	67.7
P127723	Zeneca	69.47	77.1
P127724	Zeneca	69.3	69.8
P127730	Zeneca	70.56	70.56
P127944	Zeneca	49.1	63.7
P127993	Zeneca	64.5	64.5
P127994	Zeneca	69.42	79.5
P136070	Zeneca	67.0	74.7
P136764	Sun Chemical	68.28	73.03
P136961	Zeneca	63.36	81.3
P142206	Zeneca	61.0	65.0
P142464	Zeneca	59.04	60.8
P143339	Zeneca	44.6	60.2
P143397	Zeneca	61.7	65.0
P143413	Zeneca	69.79	71.0
P143439	Zeneca	70.3	70.7
P143482	Zeneca	69.9	73.12
P143483	Zeneca	67.69	75.83
P143550	Zeneca	67.9	73.6
P143616	Zeneca	67.9	78.0
P143663	Zeneca	69.78	72.5
P143681	Zeneca	60.17	77.0
P143728	Zeneca	68.6	70.1
P143784	Zeneca	65.95	69.2
P143801	Zeneca	64.5	66.0
P143864	Zeneca	50.98	71.8
P14550	Zeneca	0.0	0.0
P151068	Zeneca	68.2	71.0
P151255	Zeneca	55.84	65.2
P151285	Zeneca	64.19	71.93

P151452	Zeneca	54.0	55.0
P151999	Zeneca	47.5	62.7
P160000	Zeneca	46.2	52.7
P160220	Zeneca	76.0	80.0
P160453	Zeneca	59.31	70.6
P160454	Zeneca	62.63	68.9
P160455	Zeneca	50.48	60.5
P160456	Zeneca	50.27	57.8
P160457	Zeneca	50.12	60.6
P160471	Zeneca	66.44	80.9
P160551	Zeneca	69.87	83.5
P160552	Zeneca	70.0	76.2
P160607	Zeneca	63.36	81.6
P160608	Zeneca	73.4	81.1
P160652	Zeneca	77.3	77.3
P160716	Zeneca	69.1	70.0
P160724	Zeneca	65.81	76.56
P160823	Zeneca	44.4	64.6
P160824	Zeneca	47.09	62.1
P160825	Zeneca	53.74	62.86
P160826	Zeneca	57.48	65.0
P160827	Zeneca	58.09	69.53
P160930	Zeneca	54.42	73.27
P160985	Zeneca	61.6	65.0
P160986	Zeneca	47.5	65.0
P168947	Zeneca	69.78	75.1
P175034	Zeneca	61.48	66.67
P175314	Zeneca	69.55	73.0
P175315	Zeneca	68.7	73.0
P175590	Zeneca	66.77	78.09
P175716	Sun	69.65	73.63
P175932	Sun	69.67	70.37
P181053	Sun	69.3	73.86
P181054	Sun	61.35	66.82
P181055	Sun	68.57	75.02
P181116	Sun	61.45	68.7
P22448	Zeneca	69.2	75.0
P22456	Zeneca	69.0	75.0
P81612	Zeneca	68.9	68.9
P87592	Zeneca	68.6	71.6
P90024	Zeneca	46.61	51.6
P94490	Zeneca	66.4	74.6
P94773	Zeneca	62.8	63.0
P95650	Zeneca	62.09	69.19
P97094	Zeneca	42.39	43.0
P98476	Zeneca	67.8	75.6
P98881	Zeneca	68.66	70.30
P98882	Zeneca	69.14	69.9
P99467	Zeneca	69.9	77.9
PGA00023F/S	Sun	68.14	81.94
PGA00169GC	Sun	50.0	52.92
PGD00714GB	Sun	70.8	70.8

PGF00077FS	Sun	89.35	91.79
RBR25723	Flint	65.5	75.5
RBW25724	Flint	45.7	61.4
RL865493B	Sun	58.4	63.8
RL867252B	Sun	65.4	65.8
RL877317B	Sun	9.3	9.26
RL879302B	Sun	74.0	74.0
RL879304B	Sun	70.19	78.87
RL884003B	Sun	59.5	74.9
RL885780B	Sun	3.5	3.375
RL887317B	Sun	7.0	0.0
RL904450B	Sun	4.0	4.0
RL908627B	Sun	46.0	63.6
RLA11020FS	Sun	41.3	61.2
RLA21010FS	Sun	56.6	74.9
RLA51066FW	Sun	6.0	4.905
RLA71040FS	Sun	59.0	82.8
RLA71041FS	Sun	58.5	75.3
RLA91029FS	Sun	56.6	70.7
RLB08242FS	Sun	68.7	70.0
RLB11131FS	Sun	41.3	69.0
RLB21252F/S	Sun	74.3	80.24
RLB91112FS	Sun	69.59	77.0
RLC08317FS	Sun	68.8	80.4
RLC41550FS	Sun	74.4	81.8
RLC41640FS	Sun	72.8	80.7
RLC51521FS	Sun	70.5	70.5
RLC61126FS	Sun	47.9	62.3
RLC81248FS	Sun	57.3	82.7
RLD11233FW	Sun	0.0	0.0
RLD42021FS	Sun	74.3	74.3
RLD42076FW	Sun	0.0	0.0
RLD42109FS	Sun	72.4	78.3
RLD51800FS	Sun	77.1	85.7
RLE42380FS	Sun	78.2	78.56
RLE42389FS	Sun	68.2	70.0
RLE42390FS	Sun	48.0	48.0
RLE51983FS	Sun	60.5	65.3
RLE51994FS	Sun	57.2	62.0
RLE50257FS	Sun	77.5	81.39
RLE52009F/W	Sun	7.4	6.66
RLE52014FS	Sun	50.2	80.0
RLE61339FS	Sun	41.3	52.62
RLE71665FS	Sun	73.39	73.39
RLF45560F/S	Sun	76.0	80.61
RLF52243F/S	Sun	76.15	79.67
RLF71737F/S	Sun	75.69	80.4
RLF71738F/S	Sun	76.1	80.47
RLF71777F/S	Sun	73.57	80.86
S1020134C	Bostik	81.4	81.4
S1020134D	Bostik	80.0	78.9
S749046B	Sun	56.37	54.66

S82F1400	Sun	35.0	50.7
S831507B	Sun	53.74	66.8
S832341B	Sun	57.0	76.1
S855208B	Sun	6.0	4.64
TN9032	Coates Brothers	46.0	64.6
TN9033	Coates Brothers	63.5	75.9
TN9034	Coates Brothers	67.3	72.9
TN9108	Coates Brothers	64.1	74.5
TN9130	Coates Brothers	63.1	76.8
TN9131	Coates Brothers	64.3	67.7
TN9167	Coates Brothers	65.0	75.2
TV914783	Sun	40.9	42.08
V136071	Zeneca	72.2	75.0
V143024	Zeneca	74.1	81.5
V90026	Sun Chemicals	78.77	
V90266	Zeneca	76.0	82.1
V98742	Zeneca	75.0	75.0
VSB-01000	Progressive Inks	51.44	56.32
W143347	Sun Chemicals	3.5	3.28
W143348	Sun Chemicals	3.4	3.26
W160803	Zeneca	0.0	0.0
W160804	Zeneca	0.0	0.0
WB-4029	H.B. Fuller Co.	0.0	0.0
WY1-181	Spectra Color	2.71	2.1
X109-42	Morton	71.2	71.2
X2342	Morton	80.0	80.0
X9421	Morton	0.0	0.0

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History:			
	Rev. C	Add new Products, Change Form Reference Number	Issued: 12/01/05
	Rev. B	Add new products	Issued: 02/08/02
	Rev. A	Add new products	Issued: 06/03/99
	Original:		Issued: 10/02/98

Approvals:

President & COO: Dwayne Dedrick Date: 12/6/05

Management Representative: Mark E Pederson Date: 12/7/05

Purpose: To ensure proper removal and replacing of diskettes

Application: All parameter monitoring data loggers

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. The data loggers are set up through the touch screen.
2. For removal of the disk, first touch the bottom screen button labeled "MENU".
3. Then touch the bottom screen button labeled "FUNC". This will bring up a menu of actions on the left hand side of the screen.
4. At the top of the menu is the "Record On/Off" option, use the arrow keys at the bottom of the screen to highlight this item, and hit enter at the bottom of the screen. This will bring up another list of menu items.
5. Using the arrow keys, highlight the "Record Off" menu option and press enter. A command prompt will appear at the top right of the screen. Press enter again.
6. At the top of the screen (Left top corner for the oxidizer recorder and right top corner for the PTE and LFL recorder) is the status of the data logger. It will read either "No Disk", "Record", or "Off". After completing the first 5 steps, wait for the status to change from "Record" to "Off".
7. Open the disk cover and press the disk release button. Retrieve the disk and insert the next disk.
8. Using the arrow keys, highlight the "Record On" menu option and press enter. A command prompt will appear at the top right of the screen. Press enter again. (If an error message pops up saying there is not magnetic media, repeat this step again).
9. Once the status of the data logger is reading "Record", press the "Exit" button at the bottom of the screen until the "MENU" option is again listed.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Shuanne Odell Date: 12/7/05

Purpose: To ensure process emission units can not operate when oxidizer is not running

Application: Process emission units controlled by oxidizer

Training Requirements: Environmental, Health & Safety Manager, Laminator Operators, Maintenance Supervisor, Maintenance Mechanic

Procedure:

1. On a monthly basis, the interlock system shall be inspected to ensure it is operational.
2. The inspection shall be documented on the Bypass Interlock Shutdown System Form BISS.
3. The laminator operator will power up the process emission unit and set all the controls on the proper setting.
4. The intake and exhaust blowers will be started.
5. At the appropriate sequencing time, the over burners shall be lit.
6. Maintenance shall shut down the oxidizer.
7. The Laminator operator, after the oxidizer has been shut down, will hit the run button on the process emission unit.
8. Once the unit has started running, the impression button shall be pressed to lower the impression roller.
9. If the impression roller does not lower, than the interlock system is operating correctly.
10. If the impression roller does lower, the interlock system has failed, and a corrective action shall be initiated. See Procedure 210801.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Suzanne Dodrill Date: 12/05/05

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ROLLPRINT STANDARD TEST METHOD T-01902 **1 of 1** Rev: C
VOLATILE MATTER DETERMINATION Rev. Date: 12/06/05

Purpose: To determine the amount of volatile organic matter present in a material.

Application:. All inks, coatings, adhesives, and other solvent based products used in the facility.

Apparatus:
1. Oven, constant temperature. Capable of 120° C (248° F) ± 2°.
2. Aluminum sample weigh dishes.
3. Analytical balance.
4. 3 or 5 ml syringe.

Training Requirements: Environmental Health and Safety Manager, President & COO

Procedure:
Note: Always test the ink samples in triplicate and average the values.
1. Obtain samples of the ink in the reduced and ready for use state.
2. Weigh the aluminum sample dish to the nearest mg. Record this value as (W_1). See Form VOMT.
3. Completely fill the syringe with the ink, weigh and record the value.
4. From the syringe fill the entire bottom of the weigh dish. Approximately 5 to 10 gm.
5. Weigh the syringe again and record the value. Subtract the two weights. This is the weight of the ink sample. Record as (W_3)
6. Place the sample dishes on a steel tray and put into a 120° C (248° F) oven for 24 hours.
7. After the prescribed time remove the samples and allow them to cool in a desiccator.
8. Weigh the pans with the dry ink and record the value as (W_2).
9. Subtract W1 from W2. This is the weight of solids. Record this value as (W_4).
10. Calculate the percent volatile matter as follows:

$$\% \text{ Volatiles} = ((W_3 - W_4) / W_3) \times 100$$

11. Determine the % VOM by making adjustments, as necessary, to account for percent water in the received product.

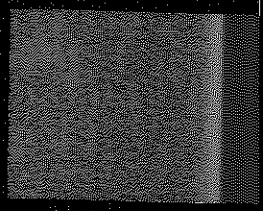
References: Adapted from EPA method 24, Pt 60, Appendix A. ASTM D2369-81

Revision Originator:	Mark Pederson		Effective Date: 02/01/06
Revision History:	Rev C:	Updated job Titles	Issued: 12/06/05
	Rev B:	Corrected calculation, updated job titles	Issued: 01/26/98
	Rev A:	Add training requirements	Issued: 03/09/95
	Original:	New	Issued: 12/09/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

R&D Laboratory Supervisor: [signature] Date: 10/8/05



Document Control

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I. Document Control Procedures

A.	Procedure 010501:	Quality System Review
B.	Procedure 010502:	Environmental Management System Review
C.	Procedure 020001:	Control of Management System Manuals
D.	Procedure 020003:	Indices
E.	Procedure 020005:	Request For Revision
F.	Procedure 020006:	Making Corrections by Hand
G.	Procedure 020101:	Level I Quality Manual
H.	Procedure 020102:	Level 1 Environmental Manual
I.	Procedure 020201:	Level II Documents
J.	Procedure 020301:	Level III Documents
K.	Procedure 020501:	Level V Documents
L.	Procedure 020502:	Record Permanency and Legibility

II. Document Control Instructions

A.	Procedure D-20001:	Document / Manual Distribution
B.	Procedure D-20002:	Revision of Manuals
C.	Procedure D-20003:	Revision of Individually Controlled Documents
D.	Schedule D-90001:	Quality System Review
E.	Schedule D-90002:	Environmental Management
F.	Reference G-50001:	Level III Codes

III. Document Control Forms

A.	Form DDLG:	Document Distribution Log
B.	Form DRLG:	Document Revision Log
C.	Form RDPC:	Request For Document / Procedure Change
D.	Form QSRF:	Quality System Review Form

Revision Originator: Kerri Jacknow Effective Date: 12/08/05

Revision History:

Rev. H:	Added D-90002, 020102, 010502 and changed title of 020001	Issued: 12/08/05
Rev. G:	Added Procedures 020502 and 020006	Issued: 07/11/05
Rev. F:	Added G-50001	Issued: 07/29/04
Rev. E:	Added D-90001	Issued: 03/04/02
Rev. D:	Add 010501 and QSRF	Issued: 02/04/02
Rev. C:	Remove 020004, DRHF, IXTP, L2TP, L3TP, RETP, SCTP, SYTP, TPTP	Issued: 12/18/97
Rev. B:	Remove 020002, 020102-4, 020202-4, 020302-17, and 020502-4 Rename 020001, 020003, 020101, 020201, 020301, and 020501	Issued: 05/06/94
Rev. A:	Remove SOP and Specification Documentation	Issued: 01/27/93
Original:		Issued: 10/02/92

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Purpose: To ensure continuing suitability and effectiveness of all written procedures, forms, and documents.

Application: Quality system documents

Training Requirements: Quality Assurance Secretary, Vice President of Technology, Director of MIS & Customer Service, Director of Materials Management, Customer Service Manager, Director of Extruded Products, Vice President of Manufacturing, R&D Laboratory Supervisor, Quality Assurance Manager, Materials Management Manager, Graphics Manager, Operations Manager, Pouch Manager, Receiving Manager, National Sales Manager, Corporate Controller, General Manager

Procedure:

1. On a regular basis (at a minimum biennially) each quality manual will be reviewed for continuing suitability and effectiveness by the department(s) responsible for that manual. See table D-90001

2. The Quality Systems Review Form (QSRF) will be used as a tool to document the review. Quality Assurance will complete the following information on the form
   - Manual Name
   - Dept. to review the manual
   - List of procedure numbers, document numbers, and form numbers with their corresponding titles.

   If multiple departments are to review the manual, a form will be created for each department.

3. The form will be directed to the head of the department or alternatively, a designated person within the department.

4. It will be the responsibility of the department to review each listed procedure, document, and form. The department head or designated person will then indicate on the Quality Review Form (QSRF) whether the procedure is approved with no changes, approved with changes, not applicable to that department, or obsolete.

   A request for Document/Procedure Change Form (RDPC) should be completed per procedure 02005 for any procedure, document, or form needing changes or that have become obsolete

5. If new procedures are required they should be listed on the "New Procedure" section of the form. Indicate if a draft of the document is attached or the anticipated completion date of the document draft.

6. Upon completion of the review of the designated Manual, the department head or representative will sign and date the review confirmation line of the Quality Systems Review Form (QSRF) and return the form with any associated Document/Procedure Change Forms and/or New Procedure to Quality Assurance.

7. It will be the responsibility of Quality Assurance to review the requested change and update the manual to reflect all approved changes.

Revision Originator: Kerri Dryfhout Effective Date: 01/18/02

Revision History: Original: Issued: 01/04/02

Approvals:

Management Representative: D R Podvill Date: 1/4/02

V.P. of Technology: Dreanne Podvill Date: 1/4/02

Purpose: To ensure continuing suitability and effectiveness of all written procedures, forms, and documents.

Application: Environmental Management system documents

Training Requirements: Vice President of Manufacturing, Environmental, Health & Safety Manager, Maintenance Supervisor, President & COO

Procedure:

1. On a regular basis (once every three years) each environmental section will be reviewed for continuing suitability and effectiveness by the department(s) responsible for that manual. See Schedule D-90002

2. The Environmental Systems Review Form (ESRF) will be used as a tool to document the review. Quality Assurance will complete the following information on the form
   - Section Name
   - Dept. to review the manual
   - List of procedure numbers, document numbers, and form numbers with their corresponding titles.

   If multiple departments are to review the section, a form will be created for each department.

3. The form will be directed to the head of the department or alternatively, a designated person within the department.

4. It will be the responsibility of the department to review each listed procedure, document, and form. The department head or designated person will then indicate on the Environmental Review Form (ESRF) whether the procedure is approved with no changes, approved with changes, not applicable to that department, or obsolete.

   A request for Document/Procedure Change Form (RDPC) should be completed per procedure 020005 for any procedure, document, or form needing changes or that have become obsolete

5. If new procedures are required they should be listed on the "New Procedure" section of the form. Indicate if a draft of the document is attached or the anticipated completion date of the document draft.

6. Upon completion of the review of the designated Manual, the department head or representative will sign and date the review confirmation line of the Quality Systems Review Form (ESRF) and return the form with any associated Document/Procedure Change Forms and/or New Procedure to the Environmental, Health & Safety Manager.

7. It will be the responsibility of the Environmental, Health & Safety Manager to review the requested change and, if appropriate, approve the Document/Procedure Change Form or New Procedure and ensure that the manual is updated to reflect all approved changes.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Doug Friesel Date: 12/07/05

President & COO: Susanne Woodruff Date: 12/6/05

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Purpose: To create an easily accessible guide to Rollprint's current procedures and documents.

Application: All written documents.

Training Requirements: Quality Assurance Manager, President, Environmental Health & Safety Manager, Q.A. Administrative Assistant

Procedure:

Creation of Manual

1. A controlled manual will be created for written documents and procedures dealing with a common topic.
2. The manual is to be used only for reference. Documents will not be removed or photocopied without authorization.
3. The cover page of the manual will indicate to which department the manual is assigned.
4. An index will be at front of the manual, if appropriate.
5. Typically, the index will be followed by all Level II Procedures relevant to the topic of the manual.
6. Typically, the Level II Procedures will be followed by Level III Documents. The Level III Documents will consist of Test Methods, Schedules, Syllabi, References and Instructions.
7. Typically, level V forms referenced in the above documents will follow the Level III Documents.
8. Typically, supporting documents (e.g. contracts, maps, etc.) will be at the end of the manual.
9. The manual will be distributed as one document per Procedure D-20001. Quality Assurance will maintain the original copies of all manuals. Duplicate manuals will be distributed and made available to departments directly affected by the content of the manual. All duplicate manuals will be stamped in RED with a numbered "Official Copy" stamp.
10. Changes to the manual will be performed per Procedure D-20002.

Elimination of Manual

11. When obsolete or deemed appropriate by Quality Assurance, a manual will be removed from circulation.
12. Upon removal of the manual, a second department signature will be obtained on the "Document Distribution Log" under "Removed from Circulation".
13. The original manual may only be removed from Quality Assurance if the manual has been confiscated from all other locations and all the documents within the manual have been deemed obsolete.

Revision Originator: Mark Pederson

Effective Date: 12/16/05

Revision History:	Rev. D:	Change Procedure Title to include all System Management Documents, updated training requirements and Job Titles	Issued: 12/05/05
	Rev. C:	Changed order of documents in manual from a requirement to a suggestion.	Issued: 7/28/04
	Rev. B:	Add training Requirements. Indicated that supporting documents will be at end of manual. Deleted Plant Manager from Approvals and added Management Representative.	Issued: 12/16/97
	Rev. A:	Combine procedure 020002 with 020001. Elimination documented on Form DDLG.	Issued: 05/06/94
	Original:		Issued: 10/02/92

Approvals:

Management Representative: Dhuanne Ordell Date: 12/7/05

Q.A. Manager: [signature] Date: 12/07/05

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Purpose: To ensure proper creation of a manual's index.

Application: All manuals.

Training Requirements: Quality Systems Manager, Director of Quality Assurance and R&D, Technical Services Manager, Product Marketing Manager, R&D Laboratory Supervisor, Q.A. Supervisor, Process Engineer, Process Specialist, E, H, and S Coordinator, Q.A. Secretary

Procedure:

1. An index will be created for all manuals.
2. The suggested organization for the index is as follows:
   - All Level II Procedures will be listed under Section I of the index.
   - Level III Documents will be listed under the next section(s) of the index. The section headings will be modified and/or eliminated as appropriate for the manual.
   - The section following the Level III Documents will contain the Level V Forms, if appropriate.
   - Supporting documents, if relevant, will be listed at the end of the index .
3. The author of the index will be entered after 'Revision Originator'.
4. The Effective Date will be entered immediately after the author. Typically, this date will be the same as the Revision Date.
5. The 'Revision History' line will always be followed by 'Original' for a new index. Upon revision, the top row will show the most current revision. The next row will show the previous revision, etc. Each row will contain the revision, a description of the revision, and the revision date.
6. There will be no approval area for an index.
7. The index will only be issued with a manual. The index will only be revised and distributed upon addition or elimination of another document to the manual. A Request for Document Change is not required for an index revision.

Revision Originator: Dhuanne Dodrill Effective Date: 12/30/97

Revision History:

Rev. B:	Changes format of index from a requirement to a suggestion. Added reference to supporting documents. Added training requirements. Deleted Plant Manager from Approvals and added Management Representative.	Issued: 12/17/97
Rev. A:	No Request for Document Change is required.	Issued: 05/06/94
Original:		Issued: 10/02/92

Approvals:

Management Representative: DR Dodrill Date: 12/19/97

Director of QA and R&D: Dhuanne Dodrill Date: 12/17/97

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Purpose: To ensure proper communication and feedback to document coordinators.

Application: All documents and procedures.

Training Requirements: All employees

Procedure:

1. Any employee may initiate a request for a document or procedure change.
2. The 'Request For Document / Procedure Change' Form will be used to relay any requests to the appropriate personnel. See Form RDPC.
3. The Document Number, Form Number, SOP Number, Reference Number, etc. will be entered at the top of the form, if available. If applicable, the Job Number and Customer will be entered where prompted.
4. The employee requesting the change and the date of the request will be entered where prompted.
5. A description of the requested change will be entered on the form.
6. A reason for the change will be entered on the form, if appropriate and/or necessary.
7. The completed form will be submitted to the supervisor or manager of the affected department.
8. The supervisor or manager will evaluate the request. If the request is approved, the form will be signed by that individual.
9. The approved form will be submitted to the Quality Assurance Manager.
10. The Quality Assurance Manager will evaluate the request. If the request is approved, the form will be signed by the Quality Assurance Manager. The President, Vice President of Technology, or Quality Assurance Supervisor may also issue approval.
11. Quality Assurance will evaluate the impact of the change to the equipment, process, and/or process performance validation. The appropriate response will be circled to indicate whether or not revalidation is required.
12. Approved requests will be presented to the coordinator of the document for revision.
13. Upon revision of a document, the RDPC form will be filed with the previous revision of the document.

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Revision Originator: Doug Wiewel Effective Date: 08/15/04

Revision History:		
	Rev. C: In sections 9 and 10, replace Dir. Of QA and R&D with QA Manager. Update titles in 10.	Issued: 07/28/03
	Rev. B: Add training requirements. Job Number and Customer entry added to 3. Quality Systems Manager, Technical Services Manager, and Quality Assurance Supervisor may approve change request. Vice-President deleted from change request approval. Revalidation assessment added. Add Management Representative to approvals.	Issued: 12/18/97
	Rev. A: President, Vice-President, Process Engineer, and QA Engineer may approve change request.	Issued: 05/06/94
	Original:	Issued: 10/05/92

Approvals:

Management Representative: Dwianne Ordell Date: 7/28/04

Vice-President of Manufacturing: [signature] Date: 7-29-04

Q.A. Manager: Doug Wiewel Date: 7/28/04

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QUALITY SYSTEM OPERATING PROCEDURE 020006 1 of 1 Rev: Original
MAKING CORRECTIONS BY HAND Rev. Date: 06/07/05

Purpose: To ensure that corrections made by hand are done properly.

Application: Corrections that need to be made by hand.

Training Requirements: All employees

Procedure:

1. When a correction must be made by hand to an existing document, the following steps shall be followed:
   - Cross out the incorrect information. One line is sufficient.
   - Write the correct information
   - Initial and date (with year) the correction.

2. The incorrect information should not be obliterated by the cross-out.

3. White-out, erasing, or other forms of cover-up may not be used

Revision Originator: Doug Wiewel Effective Date: 06/30/05
Revision History: Original: Issued: 06/07/05

Approvals:

Vice President of Manufacturing: _____ Date: 6-22-05

Management Representative: Doug Wiewel Date: 6/21/05

Q.A. Manager: Doug Wiewel Date: 6/21/05

LEVEL 2

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Purpose: To ensure the Quality Manual is approved and available at appropriate locations. To insure the Quality Manual is revised in a controlled manner.

Application: Level I Quality Manual.

Training Requirements: Quality Assurance Manager, Vice President of Technology, Q.A. Administrative Assistant

Procedure:

Issuing the Quality Manual

1. Approvals will be obtained from the President and the heads of the following departments: Manufacturing, Quality Assurance, R&D, I.T., Materials Management, Customer Service, Accounting, and Sales.
2. The Effective Date will indicate the date upon which the Quality Manual will become effective. Approvals should be acquired prior to this date.
3. The Level I document will be issued as a manual per Procedure D-20001. Each controlled copy will be stamped in RED with a numbered "Official Copy" stamp.
4. The department or individual to which the Quality Manual is assigned will be indicated on the title page.

Revision of the Quality Manual

5. When it is deemed necessary, the Level I Quality Manual will be revised.
6. The coordinator of the Quality Manual will make all requested changes to the Quality Manual.
7. The revision will be assigned a letter. The revision letter will be incremented for every revision.
8. The Revision History will be documented at the end of the Quality Manual.
9. Approvals must be obtained by the same departments or individuals that performed the original approval (or equivalent in the event of organizational changes). Only the head of the department may issue an approval. The approval will consist of a signature and date directly on the approval page of the Quality Manual.
10. The revision will become effective on the Effective Date. Approvals should be acquired prior to this date.
11. The Quality Manual will be updated at all locations per Procedure D-20002.

Revision Originator: Doug Wiewel Effective Date: 08/15/04

Revision History:

Rev. C:	Update Departments in section 1 and add equivalency phrase to section 9.	Issued: 7/28/04
Rev. B:	Add training requirements. Change approvals from titles to the heads of the corresponding departments. Add Management Representative to approvals and delete Plant Manager.	Issued: 12/18/97
Rev. A:	Combine all Level I document control procedures into one procedure. Red "Official Copy" stamp.	Issued: 05/06/94
Original:		Issued: 10/05/92

Approvals:

Management Representative: Roxanne Cordill Date: 7/28/04

Quality Assurance Manager: Doug Wiewel Date: 7/28/04

Purpose: To ensure the Environmental Manual is approved and available at appropriate locations. To insure the Environmental Manual is revised in a controlled manner.

Application: Level I Environmental Manual.

Training Requirements: Environmental-Health & Safety Manager, President & COO, Q.A. Administrative Assistant

Procedure:

Issuing the Environmental Manual

1. Approvals will be obtained from the President and the heads of the following departments: Manufacturing, Quality Assurance and R&D.
2. The Effective Date will indicate the date upon which the Environmental Manual will become effective. Approvals should be acquired prior to this date.
3. The Level I document will be issued as a manual per Procedure D-20001. Each controlled copy will be stamped in RED with a numbered "Official Copy" stamp.
4. The department or individual to which the Environmental Manual is assigned will be indicated on the title page.

Revision of the Environmental Manual

5. When it is deemed necessary, the Level I Environmental Manual will be revised.
6. The coordinator of the Environmental Manual will make all requested changes to the Environmental Manual.
7. The revision will be assigned a letter. The revision letter will be incremented for every revision.
8. The Revision History will be documented at the end of the Environmental Manual.
9. Approvals must be obtained by the same departments or individuals that performed the original approval (or equivalent in the event of organizational changes). Only the head of the department may issue an approval. The approval will consist of a signature and date directly on the approval page of the Environmental Manual.
10. The revision will become effective on the Effective Date. Approvals should be acquired prior to this date.
11. The Environmental Manual will be updated at all locations per Procedure D-20002.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Doug Friend Date: 12/07/05

President & COO: Shuanne Wardell Date: 12/5/05

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Purpose: To ensure all Level II documents are created, approved, distributed, and revised in a controlled manner.

Application: All Level II procedures.

Training Requirements: Quality Systems Manager, Director of Quality Assurance and R&D, R&D Laboratory Supervisor, Quality Assurance Secretary, Product Marketing Manager, Technical Services Manager, Process Engineer, Process Specialist, E, H, & S Coordinator, Q.A. Supervisor.

Procedure:

Creation of Level II Document

1. A Level II document will be created for 'Level II' procedures.

2. The procedure will be assigned a six digit number based upon the Level I Quality Assurance Manual.

3. The first two digits correspond to the chapter of the Level I Quality Assurance Manual which discusses the topic of the procedure. The next two digits correspond to the section of the chapter which discusses the topic of the procedure. If the chapter is not divided into sections, 00 will be assigned. The last two digits are assigned incrementally starting from 01.

4. If 99 procedures are assigned to a particular section of a chapter, a letter will be added to the six digits. A letter will also be used to maintain continuity of a new procedure with previous procedures, if deemed necessary.

5. The procedure number, title, and date will be indicated at the top of the procedure. The Revision will always be 'Original' for a new procedure.

6. A Level II Procedure will also contain the following sections:

   - Purpose – the general purpose of the procedure.
   - Application – the items or topics to which the procedure applies.
   - Training Requirements – the titles of the individuals that need to be properly trained on the procedure.
   - Procedure – a numerical, step by step description of the procedure.
   - Revision History – details the revision originator, effective date, and the changes that have been made to the procedure.
   - Approvals – contains the signatures of the individuals approving the procedure.

7. The author of the procedure will be the 'Revision Originator'.

8. The date the procedure becomes effective will be indicated immediately after the author. Approvals must be received prior to the effective date. Training should be completed prior to the effective date.

9. The 'Revision History' line will always be followed by 'Original' for a new procedure.

10. The approvals will be located at the bottom of the page. An approval must be obtained from the Management Representative and one approval from the department directly affected by the procedure. Additional approval lines will exist as deemed appropriate by Quality Assurance. Approvals will be obtained from the head of all departments listed on the procedure. The approval will consist of a signature and date directly on the original copy of the procedure. The President may substitute for any department head signature.

Issuance of Level II Document

11. A Document Revision Log will be used to document distribution of a new procedure into a priorly issued manual per Procedure D-20002. If there is no appropriate manual for a new procedure, a new manual must be created per Procedure 020001. See Form DRLG.

12. Each controlled copy of the document will be stamped in RED with a numbered "Official Copy" stamp.

Revision of Level II Document

13. When a request for a procedure change is approved, the appropriate Level II procedure will be revised.

14. The originator of the revision will make all appropriate changes to the procedure.

15. The revision will be assigned a letter. The first revision will be A, followed by B through Z. After twenty-six revisions, double letters will be assigned.

16. The revision and revision date will be indicated at the top of the document.

17. The name of the originator and the effective date will be updated.

18. The Revision History will be recorded at the end of the document.

19. An approval must be obtained from the Management Representative. Additional approval lines will exist as deemed appropriate by Quality Assurance. Only the head of the department may issue an approval. The approval will consist of a signature and date directly on the revised copy of the procedure. The President may substitute for any department head signature.

20. Approvals must be received prior to the effective date. Training should be completed prior to the effective date.

21. A Document Revision Log will be used to document distribution of a revised procedure into a priorly issued manual per Procedure D-20002. See Form DRLG.

Elimination of Level II Document

22. When a request for a procedure elimination is approved, the procedure becomes null and void.

23. A Document Revision Log will be used to document removal of a procedure from a priorly issued manual per Procedure D-20002. "Eliminate" or "Remove" will be written on the Revision Log in place of the revision letter and date. See Form DRLG.

Revision Originator: Dhuanne Dodrill Effective Date: 12/18/97

Revision History:

Rev. B:	Add training requirements. Eliminate references to Template L2TP. Rewrote formatting of the procedure. Changed the effective date protocol. Eliminated Vice-President from approval substitution. Changed approval protocol to relect Management Representative. Deleted Plant Manager from approvals and added Management Representative.	Issued: 12/18/97
Rev. A:	Combine all Level II Procedures into one procedure. Vice-President may approve any procedure. Procedure elimination via Request for Document Change Form. Red "Official Copy" stamp.	Issued: 05/06/94
Original:		Issued: 08/14/92

Approvals:

Management Representative: DR Dodrill Date: 12/18/97

Director of QA and R&D: Dhuanne Dodrill Date: 12/18/97

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Purpose: To ensure all Level III documents are created, approved, distributed, and revised in a controlled manner.

Application: All level III procedures and documents (excluding internal specifications and S.O.P.s).

Training Requirements: Quality Assurance Manager, Vice President of Technology, Q.A. Administrative Assistant, R&D Laboratory Supervisor, Q.A. Supervisor, E, H, &S Manager

Procedure:

Creation of Level III Document

1. A Level III document will be created for test methods, schedules, references, Level III Procedures (work instructions), and syllabi.

2. All level III documents will be assigned a one letter-five digit code or six digit code based upon the numbering system outlined in Reference G-50001.

3. The document number, title, and date will be indicated at the top of the document. The Revision will always be 'Original' for a new document.

4. A Level III Document will also contain the following sections:
   - Purpose (excluding references and schedules) – the general purpose of the document.
   - Application (excluding references and schedules) – the items or topics to which the document applies.
   - Training Requirements (excluding references and schedules) – the titles of the individuals that need to be properly trained on the procedure.
   - Apparatus (if applicable) – the instruments referenced in the document.
   - References (if applicable) – the standard on which the document is based (e.g. ASTM).
   - Procedure (if applicable) – a numerical, step by step description of the procedure.
   - Revision History – details the revision originator, effective date, and the changes that have been made to the procedure.
   - Approvals – contains the signatures of the individuals approving the procedure.

5. The author of the document will be the 'Revision Originator'.

6. The date the procedure becomes effective will be entered immediately after the author. Approvals must be received prior to the effective date. Training should be completed prior to the effective date.

7. The 'Revision History' line will always be followed by 'Original' for a new document.

8. The approvals will be located at the bottom of the page. An approval must be obtained from the Management Representative. Additional approval lines will exist as deemed appropriate by Quality Assurance. Approvals will be obtained from the head of all departments listed on the document. The approval will consist of a signature and date directly on the original copy of the document. The President may substitute for any department head signature.

Issuance of Level III Document

9. A Document Distribution Log will used to document distribution of individually controlled copies per Procedure D-20001. See Form DDLG.

10. A Document Revision Log will be used to document distribution of a new document into a priorly issued manual per Procedure D-20002. See Form DRLG.

11. Each controlled copy of the document will be stamped in RED with a numbered "Official Copy" stamp.

Revision of Level III Document

12. When a request for a document change is approved, the appropriate Level III document will be revised.

13. The originator of the revision will make all appropriate changes to the document.

14. The revision will be assigned a letter. The first revision will be A, followed by B through Z. After twenty-six revisions, double letters will be assigned.

15. The revision and revision date will be indicated at the top of the document.

16. The name of the originator and the effective date will be updated.

17. The Revision History will be recorded at the end of the document.

18. An approval must be obtained from the Management Representative. Additional approval lines will exist as deemed appropriate by Quality Assurance. Only the head of the department may issue an approval. The approval will consist of a signature and date directly on the revised copy of the procedure. The President may substitute for any department head signature.

19. Approvals must be received prior to the effective date. Training should be completed prior to the effective date.

20. A Document Revision Log will be used to document distribution of a revised document into a priorly issued manual per Procedure D-20002. A Document Revision Log will be used to document distribution of *individually controlled copies* of a document per Procedure D-20003. See Form DRLG.

Elimination of Level III Document

21. When a request for a document elimination is approved, the document becomes null and void.

22. A Document Revision Log will be used to document removal of a Level III document from a priorly issued manual per Procedure D-20002. Individually controlled documents will be eliminated by signing the "Removed from Circulation" line on the Document Distribution Log. See Form DRLG.

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Revision Originator: Doug Wiewel Effective Date: 08/15/04

Revision History:

Rev. C:	Added clarification to section 4 regarding schedules and references.	Issued: 07/28/04
Rev. B:	Add training requirements. Delete references to templates. Delete Vice-President from approval substitution. Rewrite formatting of the documents. Change effective date protocol. Change approval protocol to reflect Management Representative. Add Management Representative to approval and delete Plant Manager.	Issued: 12/18/97
Rev. A:	Combine all Level III Procedures into one procedure. Vice-President may approve any document. Procedure elimination via Request for Document Change Form. Red "Official Copy" stamp.	Issued: 05/06/94
Original:		Issued: 08/31/92

Approvals:

Management Representative: Annanne Dodrill Date: 7/28/04

Q.A. Manager: Doug Wiewel Date: 7/28/04

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Purpose: To ensure all Level V documents are created and revised in a controlled manner.

Application: All level V documents.

Training Requirements: Quality Systems Manager, Director of Quality Assurance and R&D, Q.A. Secretary, R&D Laboratory Supervisor, Product Marketing Manager, Technical Services Manager, Q.A. Supervisor, Process Specialist, Process Engineer, E, H, &S Coordinator

Procedure:

Creation of Level V Document

1. A Level V Document will be created for blank forms, cards, logs, and other miscellaneous items. No job specific information will appear on the blank form. A Level V document is not controlled and should be of a non-critical nature.

2. The format of the Level V document will be as deemed appropriate by Quality Assurance and the department that will use the document.

3. The document will be assigned a unique four digit alpha-numeric code. Quality Assurance will maintain a current list of all Level V documents to prevent duplicate codes from being assigned.

4. The four digit code will appear on the document (preferably at the bottom right corner), immediately followed by the revision number. The month / year will appear after the revision. No revision history need appear on the document.

5. The original revision will be designated as "1".

Note: Documents created prior to this program may not display the code and revision. As the document is updated, this code will be added.

Issuance of Level V Document

6. The level V documents are not controlled. Copies of the blank forms may be made as necessary.

7. The Level V documents will be distributed into the appropriate manuals per procedure D-20002.

Revision of Level V Document

8. When a revision is made to a Level V document, the revision number will be increased by one. The month and year will also be updated.

9. The Level V document will be updated in the manuals per procedure D-20002.

10. The Level V document will be issued to its locations of use without documentation. Obsolete copies will be removed and destroyed, as possible.

Elimination of Level V Document

11. When a request for a document elimination is approved, the document becomes null and void.

12. The Level V document will be removed from all locations of use without documentation, as possible.

Revision Originator: Dhuanne Dodrill Effective Date: 12/30/97

Revision History:		
	Rev. B: Add Training Requirements. Add Management Representative to approvals and delete Plant Manager.	Issued: 12/18/97
	Rev. A: Combine all Level V Procedures into one procedure. No distribution log used for Level V documents.	Issued: 05/06/94
	Original:	Issued: 10/05/92

Approvals:

Management Representative: DR Dodrill Date: 12/19/97

Director of QA and R&D: DDodrill Date: 12/19/97

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Purpose: To ensure that all records are permanent and legible.

Application: All records that are completed by hand.

Training Requirements: All employees

Procedure:

1. Pen with permanent ink must be used to complete all records that are completed by hand. The use of pencils and/or erasable pens is unacceptable.

2. All records must be completed in a manner that will be legible to other readers.

Revision Originator: Doug Wiewel Effective Date: 06/30/05

Revision History: Original: Issued: 06/0/06

Approvals:

Vice President of Manufacturing: _____ Date: 6-22-05

Management Representative: Doug Wiewel Date: 6/21/05

Quality Assurance Manager: Doug Wiewel Date: 6/21/05

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Purpose: To ensure documents are distributed in a controlled and traceable manner.

Application: All documents.

Training Requirements: Quality Assurance Secretary, Quality Systems Manager, Director of Quality Assurance and R&D.

Procedure:

1. A Document Distribution Log will be used to distribute new documents. A manual may be distributed as one document with one Document Distribution Form. Outside of a manual, all documents must be distributed independently. See Form DDLG.

2. The document number or manual name will be entered in the appropriate space of the Document Distribution Log.

3. The locations to which the document will be distributed will be entered under the 'Department' heading. The "Original" copy will always be kept in Quality Assurance.

4. Each document or manual will be stamped in RED with the numbered "Official Copy" stamp. The number will correspond to the number listed on the Document Distribution Log.

5. The manual or document will be delivered to the appropriate location. A representative of the department will sign and date the Document Distribution Log, indicating receipt of the document.

6. Upon completion of distribution to all listed departments, the Document Distribution Log will be filed in the appropriate 'Document Distribution / Revision Logs' file. A separate file will exist for manuals, schedules, references, level III procedures, and syllabi.

Revision Originator: Dhuanne Dodrill Effective Date: 12/30/97

Revision History:		
	Rev. B: Add training requirements. Add Management Representative to approval.	Issued: 12/18/97
	Rev. A: Add "Official Copy" numbering system.	Issued: 05/06/94
	Original:	Issued: 08/31/92

Approvals:

Management Representative: D R Dodrill Date: 12/19/97

Director of QA and R&D: Dhuanne Dodrill Date: 12/18/97

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Purpose: To ensure manuals are revised in a controlled and traceable manner.

Application: All documents.

Training Requirements: Quality Systems Manager, Director of Quality Assurance and R&D, Q.A. Secretary, R&D Laboratory Supervisor, Product Marketing Manager, Technical Services Manager, Q.A. Supervisor, Process Specialist, Process Engineer, E, H, &S Coordinator

Procedure:

1. A Document Revision Log will be used to distribute a new or revised document or form into a priorly issued manual. See Form DRLG.
2. The document numbers or codes will be entered in the appropriate space of the Document Revision Log.
3. The revisions will be entered on the 'Revision' line. 'Original' or "0" will be entered for new documents or forms. The date of revision will be entered on the 'Rev. Date' line.
4. The checkbox next to "Manual" will be marked. The name of the manual in which the revision is being made will be entered following 'Manual'.
5. The revision number of the appropriate index will be entered following 'Index Rev.'.
6. The coordinator will reference the Document Distribution Log for the manual of interest. This log will indicate the location of all copies of the manual.
7. The coordinator will enter the locations of all the manuals under the 'Department' heading.
8. A copy of the document and the updated index, if appropriate, will be delivered to each department and added to the manual. Quality Assurance will be given the original copies. The coordinator will initial the Document Revision Log, indicating receipt of the document.

Note: Each copy must be stamped in RED with the numbered "Official Copy" stamp. The number corresponds to the number listed on the Document Revision Log.

9. The coordinator will confiscate and destroy the obsolete documents. The coordinator will sign the Document Revision Log, indicating removal of the obsolete document. The original copy of the document will be retained per Procedure 020004.
10. Upon completion of distribution to all listed departments, the Document Revision Log will be filed in the appropriate 'Document Distribution / Revision Logs - Manuals' file.

Revision Originator: Dhuanne Dodrill Effective Date: 12/30/97

Revision History:		
	Rev. C: Add training requirements. Add Management Representative to approvals.	Issued: 12/18/97
	Rev. B: Red "Official Copy" stamp.	Issued: 05/06/94
	Rev. A: New Document Revision Log	Issued: 12/21/92
	Original:	Issued: 08/31/92

Approvals:

Management Representative: DR Dodrill Date: 12/18/97

Director of QA and R&D: Dhuanne Dodrill Date: 12/18/97

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Purpose: To ensure individually controlled documents are revised in a controlled and traceable manner.

Application: All individually controlled documents.

Training Requirements: Quality Systems Manager, Director of Quality Assurance and R&D, Q.A. Secretary, R&D Laboratory Supervisor, Product Marketing Manager, Technical Services Manager, Q.A. Supervisor, Process Specialist, Process Engineer, E, H, &S Coordinator

Procedure:

1. A Document Revision Log will be used to distribute a revised, individually controlled document. See Form DRLG.

2. The document number or code will be entered in the appropriate space of the Document Revision Log.

3. The revision will be entered on the 'Revision' line. The date of revision will be entered on the 'Rev. Date' line.

4. The checkbox next to "Individually Controlled Copies" will be marked.

5. The coordinator will reference the Document Distribution Log for the document of interest. This log will indicate the location of all individually controlled copies of the document.

6. The coordinator will enter the locations of all the documents under the 'Department' heading.

7. A copy of the document will be delivered to each department. The coordinator will initial the Document Revision Log, indicating receipt of the document.

Note: Each copy must be stamped in RED with the numbered "Official Copy" stamp. The number corresponds to the number listed on the Document Revision Log.

8. The coordinator will confiscate and destroy the obsolete documents. The coordinator will sign the Document Revision Log, indicating removal of the obsolete document.

9. Upon completion of distribution to all listed departments, the Document Revision Log will be filed in the appropriate 'Document Distribution / Revision Logs' file.

Revision Originator: Kerri Dryfhout Effective Date: 01/17/03

Revision History:	Rev. D: Update Approval Names	Issued: 01/17/03
	Rev. C: Add training requirements. Add Management Representative to approvals.	Issued: 12/18/97
	Rev. B: Red "Official Copy" stamp.	Issued: 05/06/94
	Rev. A: New Document Revision Log	Issued: 12/21/92
	Original:	Issued: 08/31/92

Approvals:

Management Representative: D R Dodwell Date: 1/17/03

Executive Vice President: Shuanne Dodwell Date: 1/17/03

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Schedule D-90001
QUALITY SYSTEM REVIEW

Rev: A
Rev. Date: 07/28/04

Manual	Date Review Initiated	Date Review Complete	Date Updates Complete	Next Review
Approved Supplier / Material (Q.A)				
Artwork and Plates (Graphics, Manuf.)				
Cleaning and Sanitation (Manuf.)				
Curing Room (QA, Manuf)				
Customer Specific Procedures / Protocols (QA)				
Customer Service and Order Entry (Cust. Serv., QA)				
Document Control Manual (QA)				
Employee Training Program (All)				
Environmental Management (EH&S, Manuf)				
General References and Job Descriptions (All)				
Incoming Quality Assurance (Manuf., QA)				
Index to Quality System (QA)				
Inspection, Measuring and Test Equipment (R&D)				
Internal Audit Program (QA)				
Material Handling and Inventory (MM, Manuf)				
Materials Management (MM)				
Materials Management Reference Book (MM)				
Packaging and Shipment (Manuf.)				
Pest Control Program (Manuf.)				
Pouch and Bindery Procedures (Manuf.)				

Manual	Date Review Initiated	Date Review Complete	Date Updates complete	Next Review
Preventative Maintenance and Calibration (Manuf.)				
Printing, Laminating, and Coating (QA, Manuf.)				
Product Identification and Traceability (QA, Manuf)				
Quality Verification (QA, Manuf.)				
Rejects Complaints and Returns (QA, MM)				
Rollprint Quality Manual (All)				
Rollprint Standard Test Methods (R&D)				
Sales and Development (R&D, Sales)				
Slitting / Rewinding Procedures (QA, Manuf.)				
Specifications (QA)				
Statistical Process Control (QA)				
Supplier Assessment Program (QA, MM)				

Revision Originator: Doug Wiewel Effective Date: 07/30/04

Revision History: Rev. A: Add Employee Training Program and Environmental Management Manuals, Delete SOP Index, Issued: 7/28/04

Original: Issued: 02/20/03

Approvals:

Vice President of Manufacturing: _____ Date: 7-29-04

Management Representative: _____ Date: 7/28/04

Q.A. Manager: _____ Date: 7/28/04

LEVEL

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SCHEDULE D-90002
ENVIRONMENTAL MANAGEMENT SYSTEM REVIEW

Rev: Original
Rev. Date: 12/01/05

Section	Date Review Initiated	Date Review Complete	Date Updates Complete	Next Review
Air Pollution Control				
Aspects				
Corrective/Preventive Action				
Document Control				
Emergency Preparedness and Response				
EMS Audit				
Hazardous Waste Management				
Maintenance				
Training				
Vendor Assessment				

Revision Originator: Mark Pederson

Effective Date: 02/01/06

Revision History: Original:

Issued: 12/01/05

Approvals:

President & COO: Ohuanne Dodrill Date: 12/7/05

Management Representative: Doug Wiens Date: 12/07/05

LEVEL 3

A: Customer Service
- 1xxxx Order Entry
- 9xxxx Other

C: Calibration
- 00xxx General
- 01xxx Weight
  - 1xx Analytical Balance
  - 2xx Top Loading Balance
  - 3xx Floor Scales
  - 4xx Hanging Scales
  - 5xx Weights
  - 9xx Other
- 02xxx Dimensional
  - 1xx Thickness Gauges
  - 2xx Optical Comparator
  - 3xx Templates & Cutters
  - 4xx Shims
  - 5xx Microscope
  - 9xx Other
- 03xxx Heat / Temperature
  - 1xx Autoclave
  - 2xx Ovens
  - 3xx Temperature Measuring Devices
  - 9xx Other
- 04xxx Barrier
  - 1xx Porosity
  - 2xx Ox-Tran
  - 3xx Permatran
  - 9xx Other
- 05xxx Surface Properties
  - 1xx Printing
  - 2xx Other
  - 9xx Other
- 06xxx Heat Seal
  - 1xx Bar
  - 2xx Plate
  - 3xx Impulse
  - 9xx Other
- 07xxx Tensile
  - 1xx Instron
  - 2xx Vinatoru/Amthor
  - 3xx Thwing Albert
  - 9xx Other
- 08xxx Analytical
  - 1xx GC
  - 2xx FT-IR
  - 3xx K-F
  - 4xx DSC
  - 5xx Capillary Rheometer
  - 9xx Other
- 09xxx Other

- 90xxx Schedules

D: Documentation
- 1xxxx Document Creation
  - 1xxx SOPs

- 2xxx Experimental Product Codes
- 2xxxx Document Distribution / Revision
- 3xxxx Indices
  - 1xxx Manuals
  - 2xxx Level II
  - 3xxx Level III
  - 4xxx Level V
- 9xxxx Other

G: General

- 1xxxx Organizational Charts
- 2xxxx Flow Charts
- 3xxxx Plant Layout
- 4xxxx Job Descriptions
  - 00xx Press
  - 01xx Pouch / Bindery
  - 02xx Slitting
  - 03xx Shipping / Receiving
  - 04xx Quality Assurance
  - 05xx Production Control
  - 06xx Customer Service
  - 07xx Sales
  - 08xx Maintenance
  - 09xx Upper Management
  - 10xx Human Resources
  - 99xx Other
- 5xxxx Number Assignments
- 9xxxx Other

H: Housekeeping, Cleaning, Pest Control

- 1xxxx Housekeeping
  - 1xxx General Warehouse
  - 2xxx Equipment
    - 1xx Printing
    - 2xx Laminating
    - 3xx Slitting
    - 4xx Bindery
    - 5xx Pouch
    - 6xx Roto
    - 7xx General
    - 9xx Other
  - 3xxx Outside Service
  - 9xxx Other
- 2xxxx Pest Control
  - 1xxx Rodent
  - 2xxx Flying Insect
  - 3xxx Crawling Insect
  - 9xxx Other
- 9xxxx Other

I: Inspection

- 1xxxx Incoming
  - 1xxx Rollstock
  - 2xxx Inks, Adhesives, Coatings
  - 3xxx General
  - 9xxx Other
- 2xxxx In Process
  - 1xxx Rollstock

2xxx Pouch / Bindery
3xxx Customer Specified
3xxxx Finished Goods
9xxxx Other

J: Materials Management

1xxxx Recipes
2xxxx Process Specs
3xxxx Jobs

L: Laboratory Maintenance

00xxx General
01xxx Weight
1xx Analytical Balance
2xx Top Loading Balance
3xx Floor Scales
4xx Hanging Scales
5xx Weights
9xx Other
02xxx Dimensional
1xx Thickness Gauges
2xx Optical Comparator
9xx Other
03xxx Heat / Temperature
1xx Autoclave
2xx Ovens
3xx Temperature Measuring Devices
9xx Other
04xxx Barrier
1xx Porosity
2xx Ox-Tran
3xx Permatran
9xx Other
05xxx Surface Properties
1xx Printing
2xx Other
9xx Other
06xxx Heat Seal
1xx Bar
2xx Plate
3xx Impulse
9xx Other
07xxx Tensile
1xx Instron
2xx Vinatoru/Amthor
3xx Thwing Albert
9xx Other
08xxx Analytical
1xx GC
2xx FT-IR
3xx K-F
4xx DSC
5xx Auxiliary Equipment
9xx Other
09xxx Other

M: Manufacturing

1xxxx Rewind
2xxxx Statistical Process Control
- 1xxx Sampling
- 2xxx Charting

3xxxx Technical Data
- 1xxx Adhesive / Coatings / Overlacquers
- 2xxx EPA

4xxxx Routing and Scheduling
- 1xxx Printing Presses
- 2xxx Laminators / Coaters
- 3xxx Slitters / Rewinders
- 4xxx Pouch / Bindery

5xxxx Formulas
- 1xxx Conversion Factors
- 2xxx Basis Weight / Yield
- 3xxx OD Conversions
  - 1xx 3" Core
  - 2xx 6" Core

6xxxx Machine Data
9xxxx Other

P: Preventive Maintenance

1xxxx Temperature
2xxxx Tension/Pressure
3xxxx Monitors
4xxxx Footage
5xxxx Viscosity
6xxxx Weight
7xxxx Preventive Maintenance Schedules
- 0xxx Plant Equipment
  - 0xx Addison
  - 1xx Bloomfield
- 1xxx Pouch Room

8xxxx Calibration Schedules
- 0xxx Plant Equipment
  - 0xx Addison
  - 1xx Bloomfield
- 1xxx Pouch Room

9xxxx Other

R: Rejection

1xxxx Incoming
- 1xxx Rollstock
- 2xxx Inks, Adhesives, Coatings
- 3xxx General
- 9xxx Other

2xxxx In Process
- 1xxx Rollstock
- 2xxx Inks, Adhesives, Coatings
- 3xxx General
- 9xxx Other

3xxxx General
4xxxx Finished Goods
- 1xxx Rollstock
- 2xxx Pouch / Bindery
- 3xxx General
- 4xxx Complaints/Returns
- 9xxx Other

9xxxx Other

S: Specifications
- 1xxxx Internal
- 2xxxx Supplier
- 3xxxx S.O.P.s
- 9xxxx Other

T: Test Methods
- 01xxx Physical Tests
  - 1xx Seal
  - 2xx Bond
  - 3xx Tensile
  - 4xx COF
  - 5xx Puncture
  - 6xx Tear
  - 9xx Other
- 02xxx Barrier Tests
  - 1xx Oxtran
  - 2xx Permatran
  - 3xx Porosity
  - 9xx Other
- 03xxx Dimensional Tests
  - 1xx Thickness
  - 2xx Width
  - 3xx Weight
  - 4xx Roll Dimensions
  - 9xx Other
- 04xxx Surface Tests
  - 1xx Printing
  - 2xx Coating
  - 3xx Surface Properties
  - 9xx Other
- 05xxx Instrumental Tests
  - 1xx Gas Chromatograph
  - 2xx Karl-Fisher
  - 3xx FTIR
  - 4xx Thermal Analysis
  - 5xx ARO Burst Tester
  - 6xx Capillary Rhoemeter
  - 9xx Other
- 06xxx Roll Characteristics Tests
  - 1xx Wind Direction
  - 2xx Appearance
  - 3xx Core
- 09xxx Other

X: Audit
- 01xxx Supplier
  - 1xx Rollstock
  - 2xx Plates
- 02xxx Internal
- 09xxx Other

X: Research & Development
- 01xxx General
- 09xxx Other

Y: Customer Specific
- 01xxx Pacific Biotech
- 02xxx US Surgical
  - 1xx Control Plans
- 03xxx BDVS
- 04xxx MedChem
- 05xxx Baxter
- 9xxxx Other
- 89xxx Bar Code

Z: Regulatory
- 01xxx Heavy Metals
- 02xxx Ozone Depleting Chemicals
- 03xxx F.D.A.
- 09xxx Other

SYLLABI:
- 2000xx Press / Laminator / Ink Room
- 2001xx Pouch / Bindery
- 2002xx Slitter / Rewind
- 2003xx Shipping / Receiving
- 2004xx Quality Assurance
- 2005xx Materials Management
- 2006xx Customer Service
- 2007xx Sales
- 2008xx Maintenance
- 2009xx General
- 2010xx Misc.

Revision Originator: Doug Wiewel Effective Date: 07/30/04

Revision History: Rev. A: Made a controlled documents, changed Production Control to Materials Management under Syllabi — Issued: 07/28/04

Original: — Issued: 08/31/92

Approvals:

Management Representative: Marianne Wodrich Date: 7/28/04

Q.A. Manager: Doug Wiewel Date: 7/28/04

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REQUESTED CHANGE: _____

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QSRF1 01/02

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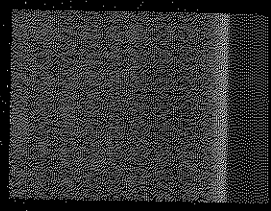

Emergency Preparedness

I. Emergency Preparedness Procedures

A. Procedure 211101: Chemical Spill Response
B. Procedure 211102: Fire Response
C. Procedure 211103: Evacuation Procedure

II. Reference

A. Reference V-21111: Hazardous Waste Contingency Plan

Purpose: To ensure proper response to chemical spills.

Application: Emergency response

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Printing Press Operator, Laminator Operator, Printing Press Helper, Laminator Helper, Color Matcher, Ink Room Assistant, Shift Supervisor, Operations Manager, Maintenance Supervisor, Maintenance Mechanic

Procedure:

1. Chemical spills may occur anywhere with in the plant manufacturing area. However, the potential for outside environmental impacts is minimal.
2. If the spill is less than 55 gallons, the employee that caused the spill shall notify the supervisor immediately.
3. If the spill is greater than 55 gallons, the emergency coordinator shall be promptly notified, and the contingency plan shall be implemented. (See Reference V-21111) No employee will respond to the spill at this time.
4. The supervisor shall assign another employee to assist in the clean-up. (No employee shall be responsible for responding to a spill alone).
5. Upon supervisor notification, the employee shall retrieve the spill response cart located near the maintenance area, or spill response pads from the wall unit located near the extrusion laminator/coater.
6. The employee shall contain and clean the spill with the absorbents.
7. Upon completion of the spill clean-up process, the spent absorbent materials shall be placed in a 55-gallon steel drum. The drum shall be sealed with the drum cover.
8. The drum shall be properly labeled with a hazardous waste sticker and the words “Spent Flammable Absorbents” on the label.
9. After the response is completed, the employee shall check the supply status of the absorbents. If the supply is low, the Maintenance Department or the EHS Manager shall be properly notified.
10. In the event the contingency plan is implemented, a report shall be generated detailing the cause of the incident and the response measures taken.
11. If any implementation portion of the contingency plan fails, a corrective action shall be instigated (See Procedure 210801)

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Shuanne Dodrill Date: 12/5/05

Purpose: To ensure proper response to fires.

Application: Emergency response

Training Requirements: All Employees

Procedure:

1. Fires may occur anywhere within the plant area.
2. If the fire activates the sprinkler system, the alarm system is activated and the emergency response authorities will be notified automatically by Rollprint's Security System provider.
3. In the event the alarm system is activated, the affected building shall be evacuated immediately (see Procedure 211103).
4. If the fire is containable, employees trained in the use of fire extinguishers may access the fire extinguishers located throughout the facility and use them.
5. If the fire occurs within the Permanent Total Enclosures or the Ink Room, employees shall evacuate those rooms immediately.
6. If a fire becomes uncontrollable or threatens human health or the environment, the Contingency Plan shall be implemented immediately (See Reference V-21111).
7. In the event the contingency plan is implemented, a report shall be generated detailing the cause of the incident and the response measures taken.
8. If any implementation portion of the contingency plan fails, a corrective action shall be instigated (See Procedure 210801)

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dhuanne Dodwell Date: 12/05/05

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Purpose: To ensure proper evacuation of facilities.

Application: Emergency response

Training Requirements: All Employees

Procedure:

1. In the event of fire or fire sprinkler activation, alarms will sound in the affected building.
2. Employees in the affected building are to immediately discontinue their activities.
3. Plant employees operating machinery are to immediately stop their machines.
4. Employees shall evacuate the affected building as quickly and orderly as possible.
5. Company departments shall congregate at the following locations:

• Accounting Department:	Rollprint sign on east side of Stewart Avenue
• Customer Service:	Rollprint sign on west side of Stewart Avenue
• Extruder Personnel:	West side of Stewart Avenue across from 335 entrance
• Maintenance:	West side of the employee parking lot
• Manufacturing:	West side of the employee parking lot
• Materials Management:	Rollprint sign on east side of Stewart Avenue
• Pouch Department:	West side of the employee parking lot
• QA Department:	Rollprint sign on east side of Stewart Avenue
• Sales and Executive:	Rollprint sign on west side of Stewart Avenue
• Shipping/Receiving:	West side of the employee parking lot
• 2nd/3rd Shifts:	West side of the employee parking lot

6. Employees shall make their way to the proper location as quickly as possible and avoid getting in the way of the emergency response personnel.
7. Department heads shall account for his/her Department employees.
8. Employees moving from one building to the other shall notify their respective supervisor where they will be conducting business.
9. Employees unaccounted for shall be reported to the On-site coordinator (Maintenance Supervisor) or emergency response personnel upon arrival.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Rhuanne Dodrill Date: 12/5/05

ROLLPRINT PACKAGING PRODUCTS INC.

EMERGENCY RESPONSE

AND

CONTINGENCY PLAN

ROLLPRINT PACKAGING PRODUCTS, INC.
320 STEWART AVENUE
ADDISON, IL 60101

REVISED DECEMBER 1, 2005

POLICY STATEMENT
EMERGENCY EVACUATION AND CONTINGENCY PLAN

1. Policy. This establishes a firm action plan for responding to unplanned incidents which may result in fire, explosion, chemical release, natural disaster, building collapse, etc. It is the policy of Rollprint Packaging Products, Inc. to provide employees a safe and healthful workplace. In keeping with that policy, we have developed the following Emergency Evacuation and Contingency Plan.

2. Scope. This plan will be reviewed with all employees and contractors. Employees and contractors are expected to fully participate in the implementation and on-going execution of this plan for the health and safety of all. The company will provide the training, materials, and equipment necessary to implement this plan.

3. Plan Elements. The main items addresses by our program are:

   3.1. The written plan, beginning with this policy
   3.2. Facility Identification
   3.3. Emergency Coordinators
   3.4. Plan Implementation
   3.5. Various Site Plans
   3.6. Training
   3.7. Inspection
   3.8. Emergency Telephone Numbers
   3.9. Evacuation Routes
   3.10. Emergency Equipment List

4. Plan Distribution. This plan will also be shared with but not limited to the following local agencies:

   4.1. Addison Fire Department
   4.2. Addison Police Department
   4.3. Addison Clinic
   4.4. Elmhurst Hospital

Signed _____ Date 12/6/05

FACILITY IDENTIFICATION AND GENERAL INFORMATION

1. Rollprint Packaging Products, Inc. is located at 320 Stewart Avenue, Addison, IL 60101, in DuPage County. The facility includes buildings located at 335A, 335B, 345, 320, and 340 South Stewart Avenue. These locations consist of corporate offices and the manufacturing facilities. This facility is located in an industrial setting. Access to the property is through the driveway located on the east side of the facility off of Stewart Avenue. All plant and office doors lock from the outside, but all doors can be opened without keys from the inside of the building.

2. Rollprint Packaging Products, Inc. manufactures flexible and semi-rigid packaging materials for the medical, food, and industrial markets.

3. This action plan consists of specific instructions, routes, forms, inspections, checklists, emergency procedures, and employee training.

EMERGENCY COORDINATORS

This list is in a priority order for contacting emergency coordinators in case of emergency. If the first named person is not available, contact the second, and then the third, and so on, until someone on the list is contacted.

1. Name: Mark Thoms
Address: 20W375 Army Trail Blvd.
City, State, Zip: Addison, IL 60101
Home Phone: (630) 627-2122 24-Hr: (630) 878-4818
Work Phone: (630) 628-1700 Extension: 3263

2. Name: Joseph Miceli
Address: 874 Red Clover Dr.
City, State, Zip: Aurora, IL 60504
Home Phone: (630) 585-8873
Work Phone: (630) 628-1700 Extension: 3224

LIST OF EMERGENCY TELEPHONE NUMBERS

FIRE:	Addison Fire Department	1-630-628-3100
POLICE:	Addison Police Department	1-630-543-3080
DOCTOR:	Addison Medical Center	1-630-543-4040
HOSPITAL:	Elmhurst Memorial Hospital	1-630-833-1400
LOCAL EMERGENCY RESPONSE:	Addison Fire Department	1-630-628-3100
EPA EMERGENCY RESPONSE:		1-800- 424-8802

GAS COMPANY:	NICOR	1-630-544-5707
ELECTRIC COMPANY:	ComEd	1-800-334-7661
WATER COMPANY:	Citizens Utilities of Illinois Water Co.	1-630-628-2601
INSURANCE AGENT:	Alper Services, Inc.	1-312-654-4269
SECURITY SYSTEM:	ADT	1-800-238-2666
	Norcomm Safety & Security Inc.	1-630-832-2417

CONTINGENCY PLAN IMPLEMENTATION

1. The contingency plan is intended to minimize hazards to human health and the environment from fire, explosion, or any unplanned sudden or non-sudden release of hazardous material(s) or hazardous material(s) constituents to the air, soil, surface or groundwater. The provisions of the plan must be carried out immediately whenever a release, fire, or explosion which could threaten human health or the environment occurs.

2. Implementation. The contingency plan is implemented when an incident presents an actual or imminent threat to human health and/or the environment. The contingency plan will be implemented under the following criteria:

   2.1. Fire and/or Explosion.

      2.1.1. An explosion has occurred.

      2.1.2. An imminent danger exists when a fire could result in the release of a toxic substance(s) or gas(es).

      2.1.3. An imminent danger exists when a fire could cause stored materials to ignite.

      2.1.4. An imminent danger exists when a fire occurs that cannot be controlled by fire extinguishers.

      2.1.5. An imminent danger exists when a fire has the possibility of spreading to other areas or causing a heat induced explosion with stored materials.

   2.2. Spills and/or Toxic Gas Release.

      2.2.1. A spill greater than 55 gallons that results in the release of a flammable liquid(s) or flammable vapor(s) causing a fire explosion hazard.

      2.2.2. A spill greater than 55 gallons that results in the release of reactive material(s) or toxic material(s) including gas(es).

      2.2.3. A spill contained on-site that may potentially cause groundwater and/or soil contamination.

      2.2.4. A spill resulting in on-site groundwater and/or soil contamination.

   2.3. Other Criteria

      2.3.1. Severe weather such as tornado, flood, or earthquake

      2.3.2. Full or partial building collapse

3. Emergency Response Procedures.

3.1. Definition. Emergency is defined as:

3.1.1. An event which can or will result in the loss of life or limb to an employee or visitor. In addition to 3.1.2 and 3.1.3 below an event may also include building collapse (full or partial), severe weather such as tornado, earthquake, flood, etc.

3.1.2. An event where chemicals can or will cause immediate harm to the environment through being released to the air, ground, or water.

3.1.3. An event which will cause severe production interruption because of loss of equipment or building.

3.2. Response Procedures. The procedure will be activated when an emergency as defined above or an explosion or fire which cannot be controlled by the use of fire extinguishers occurs. Second, an ambulance will be called when persons are injured. Third, the emergency coordinator will be notified. In all other cases, the emergency coordinator will be contacted first and all subsequent actions will be directed by the emergency coordinator or his/her appointed representative. Facility employees are notified first, and then state, and federal agencies are notified.

3.3. Emergency Response Team. The emergency response team will respond to an emergency involving fire, explosion, building collapse, chemical release, injuries and severe weather. The emergency response team consists of a team leader and team members. The initial response will be by members in whose area the emergency arises. Until the emergency coordinator can be contacted, the person with the most seniority will act as the scene leader.

3.3.1. Emergency Coordinator. At all times, there must be at least one employee either on the facility premises or on call with the responsibility for coordinating all emergency response measures. The emergency coordinator must be thoroughly familiar with all aspects of the company contingency plan, all operations and activities at the location, characteristics of waste handled, and the location of all records within the company's layout. IN ADDITION, THIS PERSON HAS THE AUTHORITY TO COMMIT THE RESOURCES NEEDED TO CARRY OUT THE CONTINGENCY PLAN. When there is an emergency spill or release of hazardous waste or material(s) at any location, the emergency coordinator should follow the following guidelines:

3.3.1.1. Whenever there is an imminent or actual emergency, the emergency coordinator or alternate emergency coordinator will immediately:

3.3.1.1.1. Activate the internal facility alert or communication system(s) to notify all plant employees. This procedure could already be in process.

3.3.1.1.2. Notify appropriate local, state and federal agencies if their help is needed.

3.3.1.2. Whenever there is a release, fire, or explosion, the emergency coordinator must immediately identify the character, exact source, amount, area, and extent of any

released materials. He/she may do this by observation or review of facility records.

3.3.1.3. Concurrently the emergency coordinator must assess possible hazards to human health or the environment that may result from the release, fire, or explosion. This assessment must consider both direct and indirect effects of the release, fire, or explosion (e.g., the effects of any toxic, irritating, or asphyxiating gases that were generated, or the effects of any hazardous surface water run-offs from water or chemical agents used to control fire and heat induced explosions).

3.3.1.4. If the emergency coordinator determines the facility had a release, fire or explosion which could threaten human health or the environment outside the facility, he/she must report their findings as follows:

3.3.1.4.1. If his assessment indicates that evacuation of local areas may be advisable, he/she must immediately notify the fire department to help the appropriate officials decide whether local areas should be evacuated.

3.3.1.4.2. He/she must immediately notify either the government official designated as the on-scene coordinator for that geographical area or the National Response Center using their 24 hour toll-free number 1-800- 424-8802. The report must include the following:

3.3.1.4.2.1. Name and telephone number of the reporter.
3.3.1.4.2.2. Name and address of the facility.
3.3.1.4.2.3. Time and type of incident.
3.3.1.4.2.4. Name and quantity of material(s) involved, to the extent known.
3.3.1.4.2.5. The extent of injuries, if any.
3.3.1.4.2.6. The possible hazards to human health and the environment outside the facility

3.3.1.4.3. During an emergency, the emergency coordinator must take all reasonable measures necessary to ensure that fires, explosions, and releases do not occur, recur, or spread to other areas of the facility. These measures must include stopping processes and operations, collecting and containing released waste, and removing or isolating container.

3.3.1.4.4. If the facility stops operations in response to a fire, explosion, or release, the emergency coordinator must monitor for leaks, pressure build-up, gas generation, or ruptures in valves, pipes, or other equipment, wherever this is appropriate.

3.3.1.4.5. Immediately after an emergency, the emergency coordinator must provide for treating, storing, or disposing of recovered waste or material(s), contaminated soil or surface water, or any other material(s) that resulted from a release, fire, or explosion at the facility.

3.3.1.4.6. The emergency coordinator must ensure that in the affected area(s) of the facility:

3.3.1.4.6.1. No waste that may be incompatible with the released material(s) is treated, stored, or disposed of until clean-up procedures are completed.

3.3.1.4.6.2. All emergency equipment, listed in the contingency plan is cleaned and fit for its intended use before operations are resumed.

3.3.2. Communication System. The telephone system is an Executone Digital System. Any phone can reach another phone in the building by dialing that extension. The phone system is also equipped with a paging system which can be activated from any phone by pressing the "Page" button or dialing "60."

The alarm system is electronic with a battery back-up which is used for security as well as fire. The system is monitored by ADT, Inc. Telephone number is (888) 238-2666. The alarm system signal, when set off, makes a continuous pulsating high pitched horn sound. The signal given off when the sprinkler system is activated makes a continuous bell clanging noise.

3.3.3. Evacuation Plan. It is the policy of the company that an evacuation of employees shall be enacted whenever there is a threat to their health or a threat of injury because of an emergency condition existing in the facility (See Procedure 211103). The emergency coordinator is authorized to enact the evacuation plan for a particular room, building, or facility. In any evacuation, police and fire departments will be notified

3.3.3.1. The guidelines include but are not limited to the following conditions:

3.3.3.1.1. When more than 55 gallons of a flammable liquid is released in an area other than an explosion-proof room.

3.3.3.1.2. When more than 55 gallons of a flammable liquid is released in an explosion-proof room and the doors have been left open to allow the vapors to escape.

3.3.3.1.3. When more than 55 gallons of a combustible liquid is released in an area other than an explosion-proof room.

3.3.3.1.4. When any strong acid at the pH level of 2 or less or a strong caustic at the pH level of 12 or more is released in any quantity that could endanger employees.

3.3.3.1.5. When any toxic material is released causing employee exposures to exceed the TLV or IDLH level as established by ACGIH or NIOSH.

3.3.3.1.6. When an explosion potential becomes evident, employees in the immediate and adjacent building(s) are to be evacuated.

3.3.3.1.7. When any unfriendly fire is discovered, the building must be evacuated except for the emergency response team.

3.3.3.2. The evacuation exits are designated on the attached facility diagrams (See Reference H-11001 and H-21002). The primary evacuation route for all employees is the nearest exit to them. All employees are trained on the location of all exit routes and informed that in the event of an emergency, they should go to the nearest exit. In the event that particular exit is not accessible, employees are knowledgeable on all exit locations and will choose the next closest exit.

3.3.3.3. Upon evacuation of the facility, employees will gather at their designated location (See Procedure 211103), and supervisors are responsible in the accounting of their respective employees.

4. Coordination Agreements.

4.1. In the event of an emergency, arrangements have been made with various local authorities. These authorities are outlined below. Each has been provided with a copy of this contingency plan as well as detailed information regarding Facility Operations, Facility Layout and General Hazards specific to the facility.

4.2. Distribution of this plan is to:

4.2.1. Addison Fire Protection District #1
4.2.2. Addison Police Department
4.2.3. Addison Medical Center
4.2.4. Elmhurst Hospital

5. Required Reports.

5.1. If the emergency coordinator determines that the facility had a release, fire, or explosion which could threaten human health or the environment outside the facility, the emergency coordinator must report his findings as follows:

5.1.1. As soon as practical, notify the National Response Center (1-800-424-8804) and the EPA Regional Administrator.

5.1.2. Specific reporting procedures usually vary between states; the agencies stated above should be the starting points. While in contact with those agencies, inquire as to other agencies which must be notified of the emergency and ask for the phone numbers of those agencies. Once the reporting requirements of those agencies are known, incorporate those requirements into this section.

Other agencies to be notified:
Illinois Environmental Protection Agency
Bureau of Land
1021 North Grand Avenue East
Springfield, IL 62702

5.1.3. The phone call report is to follow the form as stated below.

5.1.3.1. Your name.
5.1.3.2. The telephone number your calling from.
5.1.3.3. Your permanent telephone number.
5.1.3.4. The name of the facility involved.
5.1.3.5. Address of the facility.
5.1.3.6. Time of the incident.
5.1.3.7. Type of incident (fire, release, explosion).
5.1.3.8. To the extent known, identity and quantity of material involved.
5.1.3.9. The extent of injuries, if any.
5.1.3.10. The possible hazards to human health or the environment outside the facility.

5.1.4. The operating records of the plant or facility must also include those items stated in 5.1.3.1 through 5.1.3.2.

5.1.5. A written report of the incident must be submitted to the EPA Regional Administrator within 15 days. The report will include current information on items stated in 5.1.3.1 through 5.1.3.2.

5.1.6. The emergency coordinator will maintain a permanent record of the incident.

Training

1. Emergency coordinator/Team Leader. The Emergency Coordinator and the alternate coordinator will be trained and will understand all facets of this plan, facilities, production process, and chemicals and materials used in the process and stored on site.

2. Employees.

   2.1. Employees will be made aware of the existence of this plan, the purpose of the plan, and their role in the execution of the plan as stated below.

      2.1.1. The location of all fire suppression equipment.
      2.1.2. Meaning of various alarm activations.
      2.1.3. Totally knowledgeable on evacuation procedures.

Fire Extinguisher Inspection Checklist

1. Is the extinguisher clean and well cared for?
2. Has the extinguisher been charged and hydrostatically tested within the prescribed time period and tagged to display the dates?
3. If a seal is provided, is the seal intact?
4. Is the discharge orifice clear and unobstructed?
5. Is there an indication that the cap, if any, may be cross threaded on the collar or that threads are corroded?
6. Is the shell of the extinguisher corroded, damaged, or dented in any way to suggest possible structural weakness?
7. Are connections between the hose, the shell and the nozzle secure?
8. If the extinguisher is a pump operated type, does the pump shaft operate freely?
9. If the location of the extinguisher readily accessible and plainly indicated so as to be visible from a distance?
10. If the extinguisher is subject to freezing conditions, is it protected from temperature extremes?
11. Is the mounting bracket or hanger fastened securely so the extinguisher is well supported?

Is the extinguisher located too close to the hazard, which it is to protect, so that it could not be reached in a fire?

Table 1. Emergency Equipment

Emergency Equipment	Location	Physical Description/Capabilities
Fire Extinguishers	See References H-11001 and H-21002	Wall-mounted portable fire fighting apparatus. The following types of fire extinguishers are used: ABC - all types of fires; BC - flammable liquids & electrical fires; CO2 - indoor fires, flammable liquids/gases, and electrical fires.
Spill Control Kit	See References H-11001 and H-21002	320 -Yellow Safety-Kleen cart filled with absorbent material and absorbent pigs used to absorb and contain spill or liquid material. 335-Wall mounted spill kit near the Extrusion Laminator flammable liquid storage area
Fire Detection System	Throughout Facility	Ceiling mounted units which when activated by heat will sound an audible alarm and contact the Fire Department
Fire Alarm Pull Box	See References H-11001 and H-21002	When activated will sound an audible alarm and contact the Fire Department.
Fire Sprinkler System	See References H-11001 and H-21002	Water supplied system capable of extinguishing large fires throughout plant.
Fire Hose	See References H-11001 and H-21002	Varying lengths of hoses which can be connected to water supply systems.
Emergency Eye Wash	See References H-11001 and H-21002	Provide flooding spray of potable water at an angle to flood both eyes simultaneously to flush toxic chemical splashed in eyes.
Telephone System/Public Address System	See References H-11001 and H-21002	Capable of internal & external communications.
Emergency Power/Lighting	See References H-11001 and H-21002	Provides emergency lighting in case of power outage.
Fire Hydrants		Provides water to local Fire Department in case of large fires.
First Aid Equipment	See References H-11001 and H-21002	Bandages, gauze, hydrogen peroxide and oxygen bottles used to administer first aid.

Revision Originator: Mark Pederson — Effective Date: 02/01/06

Revision History: Original: — Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Ohuanne Dodrill Date: 12/6/05

ROLLPRINT

REFERENCE H-11001
320 STEWART AVE.

Rev: D
Rev. Date: 05/19/05

W
S N
E

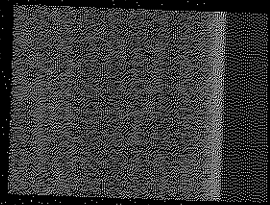
† Extinguisher
‡ Fire Hose
● Pull Station (Alarm)
Walkway
✚ First-Aid Kit
Restroom
✱ Eye-Wash

Exit 5
Exit 6
Exit 7
Exit 8
I.Q.A. Hold
Curing Room #3
Receiving
340W
Lunch Room
Roto
#4
GFG & Duoflex
#2
Exit
Pump Room
434
660
#2 434
EXHAUST STACK
434 & 660
Cylinder Storage
Heinrich
Lab Lam
Ashton
Foil Staging
340E
Pouch and Bindery Room
Ultra Lam
Slitters & Rewinders
DA 600
STANFORD II
DUSENBURY
DA-2
DA-1
REWINDER
#1
In Process Holding
T-Wrapper
Cylinder Storage
Plate Mounting
Adhesive & Ink Storage
Exit 9
SHIPPING
Pallets / Waste
Shipping Dock
Retort Lab
Exit 4
ACCOUNTING
GRAPHICS
Exit 2
Exit 3
Employee Parking
Main Enterance Exit 1
PRODUCTION & CUSTOMER SERVICE
Q.A.
FOYER
LAB
LAB
MENS LOCKER ROOM
WOMENS LOCKER ROOM
Finished Goods
Quarantine Aisle
Maintenance
Exit 10

W
S N
E

Fire Alarm
Pull Station (Alarm)
First-Aid Kit
Eye-Wash
Extinguisher
Fire Hose
Walkway
Restroom

Exit 7
SPILL KIT
Exit 8
Exit 9
Exit 10
122
121
119
118
Maintenance Storage
123
Extruder
Warehouse II
Warehouse I
114
Recycling Area
Exit 6
Slitter
Exit 11
Dock
LAB
EGAN OFFICE
COMPUTER ROOM
Dock
Dock
Staging #5
Conference Room
Dock
Exit 5
Office III
Office II
Exit 3
Exit 2
Office I
Exit 12
Exit 4
Exit 1



Environmental Auditing

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

I. Environmental Auditing Procedures

A. Procedure 210601: Vendor Environmental Audits and Surveys
B. Procedure 210602: Vendor Status Assessment
C. Procedure 210603: Preferred Vendor Program
D. Procedure 210701: Internal Environmental Audits
E. Procedure 210702: Environmental Management System Review
F. Procedure 210801: Corrective and Preventive Action
G. Procedure 210802: Environmental Management Review Meeting

II. Forms

A. Form PWVF: Preferred Waste Vendor Assessment
B. Form ESRF: Environmental System Review

III. Schedule

A. Schedule V-21061: Waste Vendor Environmental Management Evaluation
B. Schedule V-21071: Rollprint Internal Environmental Management Evaluation

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

Purpose: To assess the ability of a vendor to meet Environmental regulatory standards on a consistent basis.

Application: Vendors - as determined at the Environmental Management Review Meetings.

Training Requirements: All audit team members.

Procedure:

1. Vendor environmental audits shall be performed to determine the capabilities of Rollprint's waste disposal vendors. The audits will be scheduled during the Environmental Management Review Meeting.
2. The audit team will consist of members trained in auditing procedures.
3. The lead auditor will make photocopies of the current Vendor Environmental Management Evaluation prior to the scheduled audit. See Schedule V-21061.
4. The name of the vendor will be entered on the title page
5. The name(s) of the auditors and the date of the audit will be written on the title page of the audit schedule. The lead auditor will be listed first.
6. The audit will be performed according to the items listed on the audit schedule. Any additional items not specifically covered on the schedule will be entered in the comments section.
7. The lead auditor will coordinate the preparation of the written report with the other auditors. The report will be prepared and distributed upon completion of the audit within three weeks. A copy of the report will be sent to the vendor.
8. The date of report distribution will be entered on the title page.
9. If a response is expected from the vendor, the date the response is received will be noted on the title page.
10. The final recommendations will be reviewed at the Environmental Management Review Meeting. Quality Assurance has the authority to remove any Vendor from the Approved Vendor List.
11. The audit schedule and reports will be filed in a secure area by Quality Assurance. The completed audit is for internal reference only and will not be available externally.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

President & COO: Jmuanne Odell Date: 12/2/05

Management Representative: Mark E Pederson Date: 12/7/05

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

Purpose: To assign a status to Rollprint's waste vendors based on the ability to provide Rollprint with quality service.

Application: All waste disposal vendors.

Training Requirements: EHS Manager, VP of Manufacturing.

Procedure:

1. A vendor's status may be one of four levels: Pending Approval, Approved, Preferred, Not Approved. The current status of the vendor will be maintained within the EHS Manager's files.

Pending Approval

2. The status "Pending Approval" allows a vendor to service Rollprint during the period in which the service and vendor are being evaluated.

Approved

3. This status will be changed to "Approved" upon completion of the following, as applicable:
   - Vendor survey or audit completed with acceptable results
4. "Approved" vendors will appear on the Approved Vendor List. This list is updated as needed and indicates the current specification with which all approved materials should be ordered.

Preferred

5. "Preferred" status will ensure the vendor of a better opportunity for consistent business, future business, and a stronger, more responsive partnership with Rollprint.
6. The Vendor's status will be updated to "Preferred" upon completion of the activities detailed in Procedure 210603.

Not Approved

7. The Vendor's status may be changed to "Not Approved" in the Environmental Management Review Meeting.
8. "Not Approved" status prohibits the purchase of any service from this vendor.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/1/05

President & COO: Suzanne Dodsill Date: 12/02/05

Purpose: To asses identify, and recognize outstanding waste disposal vendor.

Application: Vendors – as identified in the Management Review Meeting

Training Requirements: EHS Manager, V.P of Manufacturing, President & COO.

Procedure:

1. Vendors that are considered for Preferred Vendor Status will be determined in the Environmental Management Review Meeting. The Preferred Waste Vendor Assessment Form (PWVF) can be used as a tool for documenting the activites detailed in sections 2 through 5.

Preassessment

2. Preassessment of Supplier: An internal team will be assembled to perform the following activities:

Specifications: For each liquid waste stream vendor verify:
- Approved Waste Profile
- Regulatory Information (Hazardous Waste ID, Enforcement History
- Audit Certificate of Destruction (C of D)

Pricing: Review supplier's pricing:
- Competitive
- Freight costs

Pick-up History: Review the pick-up history and identify improvement areas:
- Lead Time
- On-time pick-up
- Documentation
  - Waste Manifest and Labels Received
  - Manifest Accurate
  - Invoices Accurate
  - C of D's Received and Accurate

Complaint History: Review complaint history and identify improvement areas:
- % Up charges (High Solids Content)
- Prompt and fair claim settlements

Customer Service: Review Vendor's customer service and identify areas of improvement:
- Price quotes prompt
- Pick-up dates prompt
- Responsive
- Comfortable working relationship

Rollprint/Vendor Meeting

3. Meet with the Vendor to review the preferred vendor program. Secure participation agreement from the supplier. Develop cost avoidance, reduction, and effectiveness (care) plan.
   - Review improvement areas identified in preassessment:
     - Pick-up history issues
     - Complaints
     - Pricing issues
   - Elicit feedback from supplier on improvements that Rollprint can make to reduce costs and better support the relationship:
   - Establish an action plan with responsibilities and time line.
   - Review capabilities

Conducting Audits

4. Conduct an on-site audit of vendor's facility. If supplier has multiple facilities and all plants from which waste is shipped are ISO certified, then the audit can be conducted on a representative facility. If facilities are not ISO certified, then each facility from which product is purchased must be audited.
   - Establish an action plan with time line for any findings
   - Action items must be completed prior to becoming a preferred supplier

5. Upon completion of any critical action items identified in section 3) Rollprint/Vendor Meeting or 4) Conducting Audits and approval during the Environmental Management Review Meeting, the supplier will become a preferred supplier.

6. Status will be reassessed on an annual basis.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

President & COO: Marianne Odell Date: 12/2/05

Management Representative: Mark E Pederson Date: 12/7/05

Purpose: To verify internal compliance with the environmental program and to determine effectiveness of the environmental management system.

Application: Internal environmental audits.

Training Requirements: All internal auditors.

Procedure:

1. An internal environmental audit will be scheduled so that all elements of the Internal Audit Schedule have been audited each calendar year. All elements need not be audited at the same time so long as each is addressed during the calendar year. It is the responsibility of the Management Representative to oversee the program. See Schedule V-21071.

   The scope of the audit will include applicable elements of ISO 14001.

2. All audit team members must be trained in auditing procedures. The lead auditor will be in charge of coordinating the training of any members of the audit team that have not previously been trained.

3. The lead auditor will make one photocopy of the current Internal Environmental Audit for each auditor.

4. The names of the auditors and the date of the audit will be written on the title page of the audit schedule. The lead auditor will be listed first.

5. The audit will be performed according to the items listed on the audit schedule. Each item will receive a rating of "Unacceptable", "Some Deficiencies", "Acceptable", "Superior", or "Not Applicable." In addition, deficiencies from the previous audit will be reviewed to determine the effectiveness of the corrective actions that were taken.

6. The lead auditor will coordinate the preparation of the written report with the other auditors. The report will be prepared and distributed to the appropriate departments as well as upper management.

7. A meeting will be scheduled by the lead auditor with the audit team and the managers of the audited departments. This meeting shall occur within ten business days of the completion of the audit. All the "Unacceptable" and "Some Deficiencies" items will be reviewed.

8. Corrective actions will be assigned, as appropriate. Time frames for completion of these actions will be identified.

9. It is the responsibility of the audit team to ensure that the assigned corrective actions have been completed.

10. The audit will be closed by entering the date on the 'Audit Closed' line on the audit schedule.

11. The audit schedule will be filed in a secure area by Quality Assurance. The completed audit is for internal use only and will not be available externally (excluding independent third-party auditors).

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Rhuanne Dodwell Date: 12/6/05

Purpose: To ensure continuing suitability and effectiveness of all written procedures, forms, and documents.

Application: Environmental Management system documents

Training Requirements: Quality Assurance Secretary, President & COO, Vice President of Manufacturing, EH&S Manager

Procedure:

1. On a regular basis (once every three years) each environmental manual will be reviewed for continuing suitability and effectiveness by the department(s) responsible for that manual. See Schedule D-90002

2. The Environmental Management Systems Review Form (ESRF) will be used as a tool to document the review. Quality Assurance will complete the following information on the form
   - Manual Name
   - Dept. to review the manual
   - List of procedure numbers, document numbers, and form numbers with their corresponding titles.

   If multiple departments are to review the manual, a form will be created for each department.

3. The form will be directed to the head of the department or alternatively, a designated person within the department.

4. It will be the responsibility of the department to review each listed procedure, document, and form. The department head or designated person will then indicate on the Environmental Management System Review Form (ESRF) whether the procedure is approved with no changes, approved with changes, not applicable to that department, or obsolete.

   A request for Document/Procedure Change Form (RDPC) should be completed per Procedure 020005 for any procedure, document, or form needing changes or that have become obsolete

5. If new procedures are required they should be listed on the "New Procedure" section of the form. Indicate if a draft of the document is attached or the anticipated completion date of the document draft.

6. Upon completion of the review of the designated Manual, the department head or representative will sign and date the review confirmation line of the Environmental Management Systems Review Form (ESRF) and return the form with any associated Document/Procedure Change Forms and/or New Procedure to Quality Assurance.

7. It will be the responsibility of Quality Assurance to review the requested change and update the manual to reflect all approved changes.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Rhuanne Dorchull Date: 12/7/05

Purpose: To prevent non-compliance from occurring and to take actions to prevent their reoccurrence.

Application: All environmental non-compliance, audit findings, and preventive actions.

Training Requirements: Vice President of Manufacturing, Operations Manager, Shift Supervisor, Extrusion Manager, President & COO, EHS Manager

Procedure:

1. The investigation and actions taken as a result of regulatory non-compliance, internal audit findings, third party audit findings, and Management recommendations will be documented in the CAPA portion of the Rollprint QA Network.

Creating a New CAPA

2. To initiate a new finding or recommendation, the CAPA program will be accessed and the 'New' button selected.
3. The CAPA# will be assigned as follows:
   - Select 'Procedural – 18' for the Process
   - Select 'Environmental Management – 124' for the Defect.
   - The system will sequentially assign the next three digits
   - Choose the 'OK' button.
4. Complete the description of the finding or recommendation as follows:
   - Type: Choose 'Corrective Action' or 'Preventive Action' from the pull down menu.
   - Risk Level: Select as follows:
     - Critical: A non-compliance that would result in an impact on the environment.
     - Not Critical: A non-compliance that results in a violation of a regulatory requirement but is unlikely to impact the environment.
     - Minor: An issue that results in a permit deviation but has no impact on the environment.
   - Search Name: Provide a brief description of the issue.
   - Description of Nonconformity/Preventive Action: Explain the issue(s) regarding the nonconformity or the Preventive Action.
   - Machine Operator: If the finding or non-compliance is associated with a particular operator, select that operator from the pulldown list.
   - Root Cause: Describe the root cause of all findings or non-compliances.
5. Choose the 'CAPA' tab. 'Under New Link/Non NCMR/Return' enter the source of the finding (e.g. internal audit, management recommendation, etc.) in the 'Other' field. Select the 'Add' button.
6. The CAPA Links grid will be automatically populated. Add the action item number associated with the findings to the 'Action Item #' field.

Creating an Action Item

7. Choose the 'Action Items' tab. For each action item required, select the 'New Action Item' button and complete as follows:
   - Action Needed: Describe the action to be taken.
   - Requested Date: Will automatically assign the date the action item is created.
   - Due Date: Will default to two weeks from the date assigned. Adjust as necessary.
   - Assigned To: Select the individual responsible for the action item from the pull down menu.
   - Assigned By: Will default to the individual creating the action item.
   - Select the 'Add & Send Email' button.
   - The system will ask if anyone else should be copied on the e-mail. Choose 'Yes' to select additional people, choose 'no' to send it only to the person the action has been assigned.
8. An e-mail will automatically be sent to the individual assigned the action item as well as those copied. The e-mail will detail the action required.

9. Repeat step 6 for each action item required. Note: additional action items can be assigned at any time. If the CAPA was closed, assigning an additional action item will return the status to 'Action Pending'.

Updating and Closing Action Items

10. To update the action taken, choose the action item from the column at the left. While in the 'Current' tab, indicate the action taken in the 'Action Completed' field. Select
    - 'Save with Notes Only' button if additional action is required before the action item will be completed.
    - 'Save as Completed' button if the action has been completed.
    - 'Save with Time Extension' if additional time is needed before the action item can be completed. Note: the time can only be extended once.
11. The 'Historical Tab' will detail all off the entries to the 'Action Completed' field.
12. The individual assigned the action item will be e-mailed one week prior to the due date as a reminder.
13. If the completion of the action item is past due, both the President and the individual responsible for the action item will automatically be sent an e-mail. The status will change to 'Overdue'.

Reviewing and Closing CAPAs

14. Once all of the action items assigned to the CAPA have been completed, the status will change to 'Review'
15. The status of the CAPA and the effectiveness of the actions will be reviewed during the Environmental Management Meeting. The status will be updated as appropriate in the 'Verification Tab' by updating the 'Verification Notes and Status' field. When the status has been updated select:
    - Accepted: to accept the action items and close the CAPA. The status will change to 'Closed'.
    - Further Action Needed: if additional action items are being added (see step 6). The status will change to 'Action Pending'
    - Pending Review: If further review is needed. The status will remain 'Review'

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

President and COO: Dwayne Dodull Date: 12/7/05

Management Representative: Mark E Pederson Date: 12/7/05

Q.A. Manager: Doug Friend Date: 12/07/05

ROLLPRINT

Purpose: To ensure that management reviews the suitability and effectiveness of the environmental system.

Application: Environmental Management Review.

Training Requirements: President & COO, Vice President of Manufacturing, EHS Manager

Procedure:

1. A Management Review Meeting will be held on a bi-monthly basis to allow management the opportunity to review the effectiveness of the environmental system. The meeting will be chaired by the EHS Manager.

2. Representatives from Manufacturing will be included in the meeting

3. The structure of the meeting will be as follows:

   - Review additions, deletions and changes to the Approved Vendor List.
   - Review vendor audit schedule as well as the results of any vendor audits.
   - Review completed Corrective/Preventive Action Reports to determine if corrective/preventive action has been effective.
   - Review any other areas of concern and assign corrective/preventive action if necessary.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

Vice President of Manufacturing: [signature] Date: 12-7-05

President & COO: [signature] Date: 12/7/05

ROLLPRINT
ROLLPRINT PACKAGING PRODUCTS, INC.

PREFERRED WASTE VENDOR ASSESSMENT

HAZARDOUS WASTE VENDOR:

SPECIFICATIONS:

Waste Stream	Waste Profile	Regulatory	CoD's
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

PRICING:

Competitive:

Freight Costs:

Terms:

PICK-UP HISTORY:

Lead Time:

On-time Pick-up:

Documentation:
Waste Manifest Received: ☐
Manifest Accurate: ☐
Invoices Accurate: ☐
Certificate of Destructions Received and Accurate: ☐

Areas for Improvement:

COMPLAINT HISTORY:

Reject (% Purchases):

Prompt and fair claim settlements:

Areas for Improvement:

CUSTOMER SERVICE:

Price quotes prompt:

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PREFERRED WASTE VENDOR ASSESSMENT

Pick-up dates prompt:

Responsive:

Comfortable working relationship:

Areas for Improvement:

ROLLPRINT/VENDOR MEETING (attach summary of meeting and results)

AUDIT:

Date Conducted:

Date Closed:

APPROVAL:

Quality Assurance: _____ **Date:** _____

ROLLPRINT
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Environmental System Review

Manual: **Dept: Q.A. Master**

No.	Procedure / Document Name	Approved	Approved w/ Change*	Not Applicable	Obsolete*

*Attach document request form

If additional procedures are needed list on New Procedure List, indicate if draft is attached or anticipated date of draft receipt.

Review Confirmation:_____ Date:_____

ROLLPRINT PACKAGING PRODUCTS, INC.

Environmental System Review

Manual: **Dept: Q.A. Master**

NEW PROCEDURE(S)

New Procedure	Draft Attached	Date Due

Complete per procedure 210702

ESRF1 12/05

ROLLPRINT WASTE VENDOR ENVIRONMENTAL MANAGEMENT EVALUATION

VENDOR NAME:	
ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
DATE OF AUDIT:	
SUPPLIER CONTACTS:	
CONDUCTED BY:	
REPORT DISTRIBUTED:	
RESPONSE RECEIVED:	
AUDIT CLOSED:	

GENERAL BACKGROUND

1. Vendor is: ❑ Private ❑ Public
2. Company owned by: _____
3. Years in business: _____
4. Vendor is : ❑ Small (<100) ❑ Minority Owned
   ❑ Medium (100-500) ❑ Women Owned
   ❑ Large (>500)
5. Number of employees: _____
   - Number in Processing: _____
   - Number in Environmental Management: _____
6. Number of shifts: _____
   - Environmental Management coverage on all shifts? _____
7. Annual sales volume: _____
8. Union facility? ❑ Yes ❑ No
   - Contract expiration date: _____
   - Strike History? _____
9. Size of building: _____
10. Services supplied at this location: _____

_____

_____

Comments: _____

_____

_____

_____

_____

_____

_____

_____

ISO 14001		1.0 MANAGEMENT RESPONSIBILITY	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.2		1.1. Is there an Environmental Policy that has been communicated to and understood by all personnel?					
		Comments:					
–		1.2. Is a standard environmental system or philosophy followed?					
		Comments:					
4.2		1.3. Does a documented Environmental Manual approved by company management exist?					
		Comments:					
4.4.1		1.4. Are the responsibilities and authorities of personnel defined and communicated?					
		Comments:					
4.5.5		1.5. How are internal audits planned and implemented?					
		Comments:					

ISO 14001		1.0 MANAGEMENT RESPONSIBILITY	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.6		1.7. How is the environmental management system ensured of continuing suitability, adequacy, and effectiveness?					
		Comments:					
4.2g		1.8 Is the Environmental Policy available to the Public					
		Comments:					
4.4.2		1.9. Are training programs in place to ensure that all personnel have a thorough understanding and knowledge of their duties?					
		Comments:					
		Total marks for each column:					

ISO 14001		2.0 DOCUMENT CONTROL	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.2.3		2.1. What structure do environmental documents adhere to and what identifying information do all documents display?					
		Comments:					
4.4.1		2.2. Who has the responsibility for preparation, check, release, and issue of documents?					
		Comments:					
4.4.5a		2.3. What measures are in place to ensure that all documents are relevant?					
		Comments:					
4.4.5g		2.4. What identifies a controlled and uncontrolled document?					
		Comments:					
4.4.5d		2.5. How is it known who has possession of controlled documents?					
		Comments:					
4.4.5g		2.6. How are obsolete copies of controlled documents handled?					
		Comments:					

ISO 14001		2.0 DOCUMENT CONTROL	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.4.5b		2.7. What is the method for approving and issuing a document change?					
		Comments:					
4.4.5c		2.8. What is the method for recording the implementation date of a document change?					
		Comments:					
4.4.5d		2.9. Where are current versions of environmental documents located and are they accessible to all applicable personnel?					
		Comments:					
		Total marks for each column:					

ISO 14001		3.0 ENVIRONMENTAL PLANNING	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.3.1		3.1. How are environmental aspects identified?					
		Comments:					
4.3.1		3.2. Are aspects identified for new or modification projects?					
		Comments:					
4.3.2		3.3. Are aspects assessed for their impact on the environment?					
		Comments:					
4.3.1		3.4. Are the aspects identified that have a significant impact on the environment controlled?					
		Comments:					
-		3.5. Are the aspects taken into account while maintaining the Environmental Management System?					
		Comments:					

ISO 14001		4.0 REGULATORY PLANNING	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.3.2a		4.1 How are legal requirements identified and assessed?					
		Comments:					
4.3.2a		4.2 How do the legal requirements relate to the Company's environmental aspects?					
		Comments:					
		4.3 Are legal requirements tracked for updates or revisions?					
		Comments:					
4.3.2b		4.4 How are legal requirements applied to its environmental aspects?					
		Comments:					
4.3.2a		4.5 How are other requirements assessed and applied to its environmental aspects?					
		Comments:					
-		4.6 How are new requirements assessed and applied?					
		Comments:					
4.5.2.1		4.7. How is compliance with requirements checked?					
		Comments:					
		Total marks for each column:					

ISO 14001		5.0 ENVIRONMENTAL OBJECTIVES	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.3.3		5.1. Does the Company establish measurable environmental objectives?					
		Comments:					
4.3.3a		4.2. Who is responsible for establishing the objectives and targets?					
		Comments:					
4.3.3		4.3. How are the objectives implemented?					
		Comments:					
4.3.3b		4.4. Are the objectives achieved within the scheduled time frame?					
		Comments:					
		Total marks for each column:					

ISO 14001		6.0 EMERGENCY PREPAREDNESS AND RESPONSE	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.4.7		6.1. How are potential emergency situations and accidents that could have an impact on the environment identified?					
		Comments:					
4.4.7		6.2. How is the Company set up to respond to these situations?					
		Comments:					
-		6.3. Does the Company have available a Hazardous Waste Contingency Plan?					
		Comments:					
-		6.4. How is the Contingency Plan communicated to personnel?					
		Comments:					
4.4.7		6.5. Is there a periodic review of the emergency preparedness and response procedures, especially after an incident?					
		Comments:					
4.4.7		6.6. Are the response procedures periodically tested?					
		Comments:					
		Total marks for each column:					

ISO 14001		7.0 MONITORING AND MEASUREMENT	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.1		7.1. What preventative maintenance measures are in effect for maintenance, and adjustment of process equipment?					
		Comments:					
4.5.1		7.2 How is assurance provided that maintenance activities are performed in adherence to equipment maintenance schedules?					
		Comments:					
4.5.1		7.3. How is all applicable inspection, and test equipment assured of being calibrated and in working order?					
		Comments:					
4.5.1		7.4. How is all applicable process controlling instrumentation assured of being calibrated and in proper working order?					
		Comments:					
4.5.1		7.5. Is the calibration date, the calibrator, and the next calibration date displayed or readily available for each piece of equipment?					
		Comments:					
4.5.1		7.6. What is done with measurement and gauging equipment that has not passed calibration or has gone beyond the calibration cycle?					
		Comments:					
4.5.1		7.7. Are standards or controls used to perform calibration traceable to NIST, or established primary standards?					
		Comments:					

ISO 14001		7.0 MONITORING AND MEASUREMENT	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.2		7.8. How are changes made to computer programs used as a part of automated processing?					
		Comments:					
4.5.4		7.11 What measures are in place to recover or back up important data in case of power outage, fire, etc...?					
		Comments:					
		Total marks for each column:					

ISO 14001		8.0 CORRECTIVE/PREVENTIVE ACTION	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.3a		8.1. How are nonconformities identified and corrected?					
		Comments:					
4.5.3b		8.2. What is the method(s) by which corrective action is taken?					
		Comments:					
4.5.3e		8.3. How is corrective action verified?					
		Comments:					
4.5.3		8.4. Is there a formal preventive action program?					
		Comments:					
		Total marks for each column:					

ISO 14001		9.0 EVALUATION OF COMPLIANCE	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.2.1		9.1. How are regulatory requirements evaluated?					
		Comments:					
4.5.2.1		9.2. Are the evaluations documented?					
		Comments:					
4.5.2.2		9.3. Are there other requirements adhered to?					
		Comments:					
4.5.2.2		9.4. How is compliance with other requirements evaluated?					
		Comments:					
4.5.4		9.5. How long are Environmental Records retained?					
		Comments:					
		Total marks for each column:					

Total "Unacceptable" Marks:	
Total "Some Deficiencies" Marks:	
Total "Acceptable" Marks:	
Total "Superior" Marks:	

Auditor Signatures: _____ **Date:** _____

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Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

President & COO: Marianne Odell Date: 12/7/05

Management Representative: Mark E Pederson Date: 12/8/05

Vice President of Manufacturing: [signature] Date: 12-8-05

ROLLPRINT INTERNAL ENVIRONMENTAL MANAGEMENT EVALUATION

VENDOR NAME:	
ADDRESS:	
PHONE NUMBER:	
FAX NUMBER:	
DATE OF AUDIT:	
SUPPLIER CONTACTS:	
CONDUCTED BY:	
REPORT DISTRIBUTED:	
RESPONSE RECEIVED:	
AUDIT CLOSED:	

ISO 14001		1.0 MANAGEMENT RESPONSIBILITY	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.2		1.1. Is there an Environmental Policy that has been communicated to and understood by all personnel?					
		Comments:					
–		1.2. Is a standard environmental system or philosophy followed?					
		Comments:					
4.2		1.3. Does a documented Environmental Manual approved by company management exist?					
		Comments:					
4.4.1		1.4. Are the responsibilities and authorities of personnel defined and communicated?					
		Comments:					
4.5.5		1.5. How are internal audits planned and implemented?					
		Comments:					

ISO 14001		1.0 MANAGEMENT RESPONSIBILITY	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.6		1.7. How is the environmental management system ensured of continuing suitability, adequacy, and effectiveness?					
		Comments:					
4.2g		1.8 Is the Environmental Policy available to the Public					
		Comments:					
4.4.2		1.9. Are training programs in place to ensure that all personnel have a thorough understanding and knowledge of their duties?					
		Comments:					
		Total marks for each column:					

ISO 14001		2.0 DOCUMENT CONTROL	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.2.3		2.1. What structure do environmental documents adhere to and what identifying information do all documents display?					
		Comments:					
4.4.1		2.2. Who has the responsibility for preparation, check, release, and issue of documents?					
		Comments:					
4.4.5a		2.3. What measures are in place to ensure that all documents are relevant?					
		Comments:					
4.4.5g		2.4. What identifies a controlled and uncontrolled document?					
		Comments:					
4.4.5d		2.5. How is it known who has possession of controlled documents?					
		Comments:					
4.4.5g		2.6. How are obsolete copies of controlled documents handled?					
		Comments:					

ISO 14001		2.0 DOCUMENT CONTROL	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.4.5b		2.7. What is the method for approving and issuing a document change?					
		Comments:					
4.4.5c		2.8. What is the method for recording the implementation date of a document change?					
		Comments:					
4.4.5d		2.9. Where are current versions of environmental documents located and are they accessible to all applicable personnel?					
		Comments:					
		Total marks for each column:					

ISO 14001		3.0 ENVIRONMENTAL PLANNING	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.3.1		3.1. How are environmental aspects identified?					
		Comments:					
4.3.1		3.2. Are aspects identified for new or modification projects?					
		Comments:					
4.3.2		3.3. Are aspects assessed for their impact on the environment?					
		Comments:					
4.3.1		3.4. Are the aspects identified that have a significant impact on the environment controlled?					
		Comments:					
-		3.5. Are the aspects taken into account while maintaining the Environmental Management System?					
		Comments:					

ISO 14001		4.0 REGULATORY PLANNING	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.3.2a		4.1 How are legal requirements identified and assessed?					
		Comments:					
4.3.2a		4.2 How do the legal requirements relate to the company's environmental aspects?					
		Comments:					
		4.3 Are legal requirements tracked for updates or revisions?					
		Comments:					
4.3.2b		4.4 How are legal requirements applied to its environmental aspects?					
		Comments:					
4.3.2a		4.5 How are other requirements assessed and applied to its environmental aspects?					
		Comments:					
-		4.6 How are new requirements assessed and applied?					
		Comments:					
4.5.2.1		4.7. How is compliance with requirements checked?					
		Comments:					
		Total marks for each column:					

ISO 14001		5.0 ENVIRONMENTAL OBJECTIVES	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.3.3		5.1. Does the Company establish measurable environmental objectives?					
		Comments:					
4.3.3a		4.2. Who is responsible for establishing the objectives and targets?					
		Comments:					
4.3.3		4.3. How are the objectives implemented?					
		Comments:					
4.3.3b		4.4. Are the objectives achieved within the scheduled time frame?					
		Comments:					
		Total marks for each column:					

ISO 14001		6.0 EMERGENCY PREPAREDNESS AND RESPONSE	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.4.7		6.1. How are potential emergency situations and accidents that could have an impact on the environment identified?					
		Comments:					
4.4.7		6.2. How is the Company set up to respond to these situations?					
		Comments:					
-		6.3. Does the Company have available a Hazardous Waste Contingency Plan?					
		Comments:					
-		6.4. How is the Contingency Plan communicated to personnel?					
		Comments:					
4.4.7		6.5. Is there a periodic review of the emergency preparedness and response procedures, especially after an incident?					
		Comments:					
4.4.7		6.6. Are the response procedures periodically tested?					
		Comments:					
		Total marks for each column:					

ISO 14001		7.0 MONITORING AND MEASUREMENT	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.1		7.1. What preventative maintenance measures are in effect for maintenance, and adjustment of process equipment?					
		Comments:					
4.5.1		7.2 How is assurance provided that maintenance activities are performed in adherence to equipment maintenance schedules?					
		Comments:					
4.5.1		7.3. How is all applicable inspection, and test equipment assured of being calibrated and in working order?					
		Comments:					
4.5.1		7.4. How is all applicable process controlling instrumentation assured of being calibrated and in proper working order?					
		Comments:					
4.5.1		7.5. Is the calibration date, the calibrator, and the next calibration date displayed or readily available for each piece of equipment?					
		Comments:					
4.5.1		7.6. What is done with measurement and gauging equipment that has not passed calibration or has gone beyond the calibration cycle?					
		Comments:					
4.5.1		7.7. Are standards or controls used to perform calibration traceable to NIST, or established primary standards?					
		Comments:					

ISO 14001		7.0 MONITORING AND MEASUREMENT	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.2		7.8. How are changes made to computer programs used as a part of automated processing?					
		Comments:					
4.5.4		7.11 What measures are in place to recover or back up important data in case of power outage, fire, etc...?					
		Comments:					
		Total marks for each column:					

ISO 14001		8.0 CORRECTIVE/PREVENTIVE ACTION	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.3a		8.1. How are nonconformities identified and corrected?					
		Comments:					
4.5.3b		8.2. What is the method(s) by which corrective action is taken?					
		Comments:					
4.5.3e		8.3. How is corrective action verified?					
		Comments:					
4.5.3		8.4. Is there a formal preventive action program?					
		Comments:					
		Total marks for each column:					

ISO 14001		9.0 EVALUATION OF COMPLIANCE	Unacceptable	Some Deficiencies	Acceptable	Superior	Not Applicable
4.5.2.1		9.1. How are regulatory requirements evaluated?					
		Comments:					
4.5.2.1		9.2. Are the evaluations documented?					
		Comments:					
4.5.2.2		9.3. Are there other requirements adhered to?					
		Comments:					
4.5.2.2		9.4. How is compliance with other requirements evaluated?					
		Comments:					
4.5.4		9.5. How long are Environmental Records retained?					
		Comments:					
		Total marks for each column:					

Total "Unacceptable" Marks:	
Total "Some Deficiencies" Marks:	
Total "Acceptable" Marks:	
Total "Superior" Marks:	

Auditor Signatures: _____ **Date:** _____

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Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

President & COO: Maryanne Oodull Date: 12/7/05

Management Representative: Mark E Pederson Date: 12/8/05

Vice President of Manufacturing: Date: 12-8-05

Environmental Management System Manual

1.0 GENERAL

1.1 Introduction

Satisfying the environmental protection requirements demanded of by our employees, customers, and neighbors, require the highest level of management on our manufacturing operations. Not only must each and every regulation be adhered to, but opportunities must be researched to bring added protection and reduced impact on the environment.

Each of us will be challenged to meet these environmental requirements and, at the same time, seek opportunities to improve environmental performance. The only means to this end is a sound Environmental Management System.

The cost of Rollprint's preventive environmental program will be more than offset by reduced internal and external environmental impacts.

1.2 Purpose

The purpose of this manual and the supporting manuals is to define and outline the philosophy, organizational structure, procedures, processes, resources, and conditions required to implement, maintain, and improve a sound Environmental Management System.

1.3 Company Environmental Philosophy and Commitment

Rollprint Packaging Products, Inc. is dedicated to the concept of environmental protection. Our emphasis will be placed on prevention of non-compliance rather than detection. To this end, each employee will adopt our standard of *"Environmental Excellence."*

We will maintain an Environmental Management organization dedicated exclusively to the compliance of air and hazardous waste environmental regulations. Every employee will also be charged with the responsibility of the performance of their duties within the guidelines of ISO 14001.

Upper management will provide the necessary leadership, organization, and commitment to meet these requirements. Rollprint is fully committed to environmental protection.

1.4 Company Policy

The goal of Rollprint Packaging Products, Inc. is to meet or exceed current and future environmental requirements and minimize impacts on the facility and surrounding area.

1.5 Organization

1.5.1 Environmental Management Organization

The company will maintain an Environmental Management organization that reports directly to the President. This organization will remain independent from influence or pressure by production management. Environmental Management personnel have final authority in regulatory compliance matters. The primary responsibility of this organization will be:

a. Assure each and every air and hazardous waste environmental regulation and policy is understood and followed.
b. Coordinate the implementation, training, and maintenance of existing and new requirements.
c. Establish Standard Operating Procedures.
d. Inspect, test, and monitor the production equipment, monitoring devices and processes.
e. Maintain environmental performance and tracking records.
g. Identify, recommend, or provide solutions to compliance challenges and verify the implementation of such solutions.

h. Minimize periods of non-compliance until corrective action has been completed and verified.
i. Establish test procedures and ensure that they are appropriate and adequate for their purpose and are performed correctly.
j. Plan for improvements.

The Environmental Organization will have sufficient resources to carry out these responsibilities; including, the assignment of trained personnel, for management, performance of work, and verification activities.

1.5.2 Management Representative

It will be the responsibility of the Management Representative to see that the requirements of this standard are met. The Management Representative will report on the performance of the Environmental Management system to management for review and as a basis for improvement of the environmental system. The Environmental, Health & Safety Manager is the designated Management Representative for 21XXXX procedures and reports directly to the President.

1.5.3 Management Review

The Environmental Management System will be reviewed by management personnel to ensure continuing suitability and effectiveness at a regular interval.

Refer to the following Level II procedures in the Quality Management System for further information:

Procedure 010502: Environmental Management System Review

1.6 Policy Changes and Control

Any major changes in company policy, philosophy, or commitment related to environmental management must have upper management approval and support. Such changes will be covered with all management and supervisory personnel prior to implementation. All departmental heads will convey such changes to all employees involved, including each employee's responsibility at the time of implementation.

Minor changes and revisions will be handled by the Quality Assurance Department and the management personnel of the affected departments.

1.7 Exceptions and Limitations

The procedures outlined in this manual will be followed by all personnel. Should any particular procedure require variations and/or additions to this program, these requirements will be noted. In any instance for which our procedures do not agree or conflict with environmental requirements, the environmental requirements will be followed.

2.0 DOCUMENT CONTROL

The EMS Manual is developed in accordance with Procedures 020001 and 020003 of the Quality Management System. Documents, procedures, policy, operating standards, forms and documentation will be divided into five system documentation levels as follows:

Level I: Environmental Manual.
Level II: Environmental Management System Operating Procedures.
Level III: Instructions; Test Procedures; Schedules; References; Standard Operating Procedures; Training Syllabi.
Level IV: Order specific work instructions.
Level V: Environmental Records; Environmental Management System Forms; Corrective Action Notices.

Refer to the following Level II procedures in the Quality Management System for further information:

Procedure 020001:	*Control of Management System Manuals*
Procedure 020003:	*Indices*
Procedure 020005:	*Request for Revision*
Procedure 020006:	*Making Corrections By Hand*

2.1 Level I Document Approval, Issue, and Revision

The Level I document will be reviewed and approved by upper management prior to issuance. It will be the responsibility of the Environmental Systems Manager to see that all departments have a copy of the Level I document. It will be the responsibility of the Department Heads to see that the Environmental Manual is readily available to departmental personnel.

2.1.1 Revision Request

All requests for revisions must be submitted in writing to upper management for initial consideration. This request must include a description of the request and a reason for the revision.

2.1.2 Approval of Revision

The final revision must be approved by the President, the Vice-President of Manufacturing, and the Management Representative.

2.1.3 Issuance of Revision

The approved revision will be issued to all personnel or departments to whom a manual or that portion of a manual has been issued. All obsolete copies will be confiscated by the coordinator of the document. Documentation of issuance and confiscation will be performed.

2.1.4 Control of Revision and Forms

The coordinator of documentation will be the Environmental Systems Manager or an assigned representative. The coordinator of documentation will have the following responsibilities:

a. Keeping a record of all assigned manuals or controlled portions of manuals.
b. Assigning revisions to all holders of that copy.
c. Destroying obsolete manuals.
d. Keeping a separate log of all originals and all revisions for a period of at least five years.

Refer to the following Level I procedures in the Quality Management System for further information:

Procedure 020102:	*Level I Environmental Manual*

2.2 Level II Document Approval, Issue, and Revision

Level II documents will be reviewed and approved by upper management prior to issuance. It will be the responsibility of the Environmental Systems Manager to see that Level II documents are available to the appropriate departments and personnel.

2.2.1 Revision Request

Requests for revisions must be submitted in writing to upper management for initial consideration. This request must include a description of the request and a reason for the revision.

2.2.2 Approval of Revision

Quality Assurance and the management of affected departments will finalize any revision. The final revision must have at least two approved signatures on the revised mechanism. One of the approvals

must be from the Management Representative or the president. The other approval must be from the management of the affected department.

2.2.3 Issuance of Revision
The approved revision will be issued to all personnel or departments to whom the document has been issued. All obsolete copies will be confiscated by the coordinator of the document. Documentation of issuance and confiscation will be performed.

2.2.4 Control of Revision and Forms
The coordinator of documentation will be the Environmental Systems Manager or an assigned representative. The coordinator of documentation will have the following responsibilities:

a. Keeping a record of all assigned documents
b. Assigning revisions to all holders of that copy.
c. Destroying obsolete documents.
d. Keeping a separate log of all originals and all revisions for a period of at least five years.

Refer to the following Level II procedures in the Quality Management System for further information:

Procedure 020201: Level II Documents

2.3 Level III Document Approval, Issue, and Revision
Level III documents will be reviewed by the department(s) designated in the corresponding Environmental Management System Operating Procedure.

2.3.1 Approval of Revision
Revisions to Level III documents will be reviewed and approved by the same department(s) that performed the original review and approval unless specifically designated otherwise. The designated department(s) shall have access to pertinent background information upon which to base their review and approval.

2.3.2 Issuance of Revision
The approved revision will be issued to all personnel or departments to whom that document has been issued. All obsolete copies must be returned to the coordinator of documentation to be destroyed. Documentation of issuance and confiscation will be performed.

2.3.3 Control of Revision and Forms
The coordinator of documentation will be the Environmental Systems Manager or an assigned representative. The coordinator of documentation will have the following responsibilities:

a. Keeping a record of all assigned documents.
b. Assigning revisions to all holders of that copy.
c. Destroying obsolete documents.
d. Keeping a separate log of all originals and all revisions for a period of at least five years.

Refer to the following Level II procedures in the Quality Management System for further information:

Procedure 020301: Level III Documents

2.4 Level IV Document Approval, Issue, and Revision
Level IV documents are intended to be order specific and are not applicable to the Environmental Management System.

2.5 Level V Document Approval, Issue, and Revision

Environmental forms, logs, cards and preprinted items will not carry a revision history. These forms will carry a revision number and date of latest revision only. The coordinator of documentation will maintain a file of all preprinted forms for a period of at least five years since the last revision date.

Refer to the following Level II procedures in the Quality Management System for further information:

Procedure 020501: Level V Documents
Procedure 020502: Record Permanency and Legibility

3.0 ENVIRONMENTAL ASPECTS

The impact the operations may have on the environment can be significant without the proper planning and implementation of programs to minimize them. To ensure activities are properly assessed, the Environmental Review Board will assess each processes life cycle material usage. The assessment will identify all raw materials going to the process, intermediate products, and end products, include unused materials.

Refer to the following Level II procedures for further information

Procedure 210301: Environmental Aspects

4.0 REGULATORY TRACKING

Environmental regulations and requirements are changing everyday. Regulations can become effective immediately upon publication or several years after publication. It is vital to track the development of these regulations prior to them becoming effective, which allows for the development of a compliance strategy.

Refer to the following Level II procedures for further information:

Procedure 210401: Regulatory Awareness

5.0 EMPLOYEE TRAINING

All applicable personnel will complete training based upon their job responsibility. The training will be divided into several areas including Rollprint's environmental management system, waste management, record-keeping, and paperwork. Documentation of training will be maintained in the employee's file. Continuing education and training will also be provided and documented as necessary.

Refer to the following Level II procedures for further information

Procedure 210501 Employee Hazardous Waste Training

Refer to the following Level II procedures of the Quality Management System for further information:

Procedure 200001: Employee Training Program
Procedure 200002: Change in Procedure Training

6.0 VENDOR ASSESSMENT

There are multiple vendors for most wastes generated by Rollprint. However, Rollprint will primarily evaluate vendors that handle the company's hazardous waste. The EHS shall select vendors based upon their compliance with environmental standards and their ability to consistently meet our performance standards, delivery performance, and economics. In order to establish a vendor's long-term capabilities, records will be maintained on the vendor's performance.

Vendor audits and surveys will be used as a tool to assess a vendor's compliance capabilities, when deemed appropriate by the Environmental Review Board. The intent of the audit is to enhance the ability of the vendor to provide consistent service, and maintain compliance with environmental regulations. Vendor's that are not capable and/or not cooperative will be replaced.

Refer to the following Level II procedures for further information:

Procedure 210601:	*Vendor Audits and Surveys*
Procedure 210602:	*Vendor Status Assessment*
Procedure 210603:	*Preferred Vendor Program*

7.0 EMS AUDITS

An internal audit will be performed on an annual basis. The audit team will consist of individuals properly trained in auditing skills. Upon completion of the audit report, a Manager's meeting will be held to discuss any non-conformities encountered during the audit. Corrective actions will be assigned, completed, and reevaluated before the audit is closed.

Periodic review of the Environmental Management System procedures and documents will ensure the continual suitability and effectiveness. The manuals will undergo review on a regular basis. Changes or development of new procedures will be coordinated with the EHS Manager.

Refer to the following Level II procedures for further information:

Procedure 210701:	*Internal Environmental Audits*
Procedure 210702:	*Environmental Management System Review*

8.0 CORRECTIVE AND PREVENTIVE ACTION

The Environmental Review Board will investigate the cause of all non-compliance environmental incidents. The responsibility of the board is to analyze the processes, inspection reports, test data, as appropriate, to prevent recurrence and eliminate potential causes of a problem. The Environmental Review Board will initiate preventative actions, corrective actions, and procedural changes as necessary. The board is also responsible to ensure any corrective action or procedure change is implemented and effective.

An Environmental Review Board, chaired by the EHS Manager, will meet on a bi-monthly basis to evaluate compliance problems. The purpose of this meeting is to determine vendor performance, to identify problem areas and/or opportunities for improvement, to determine and verify appropriate corrective action and/or preventive action.

Refer to the following Level II procedures for further information:

Procedure 210801:	*Corrective/Preventive Action*
Procedure 210802:	*Environmental Review Meeting*

9.0 RECORDS MANAGEMENT

All environmental records, data and reports, relating to compliance will be maintained for a period of at least five years from the date they are generated to demonstrate the achievement of the required compliance and the effective operation of the environmental management system. The records will be readily available for reference purposes.

10.0 OPERATION CONTROL

10.1 Preventive Maintenance

All production and air pollution control equipment will undergo routine preventive maintenance to ensure continued process capability. The intent of the preventive maintenance program is to preclude malfunctions which could have impacts on the environment. Routine preventive maintenance enables potential equipment problems to be recognized and fixed before environmental compliance is compromised.

Refer to the following Level II procedures in the Quality Management System for further information:

Procedure 090101:	*Preventive Maintenance Program*
Procedure 090102:	*Preventive Maintenance Scheduling*
Procedure 090103:	*Maintenance Work Database*
Procedure 090104:	*Weekly Preventive Maintenance*
Procedure 090105:	*Air Compressor Daily Preventive Maintenance*

10.2 Calibration

Production and air pollution control equipment that has a direct effect on compliance with environmental regulations will be calibrated at a scheduled interval. Calibration against known standards is critical to the continued effectiveness and safety of production and test equipment. The frequency of calibration and the acceptance criteria will be determined by the nature of the equipment, environmental requirements, and the required measurement capability.

Refer to the following Level II procedures in the Quality Management System for further information:

Procedure 090201:	*Production Equipment Calibration Program*
Procedure 090202:	*Calibration Scheduling*
Procedure 090203:	*Monthly LFL Calibration*

11.0 EMERGENCY PREPAREDNESS AND RESPONSE

Minimizing hazards to human health and the environment are vital when responding to emergencies. Unplanned fires, explosions, or releases of hazardous materials and hazardous constituents to air, water, or soil must be minimized to the fullest extent possible. Preparation and response to emergencies in a timely manner will ensure any impact to human health and/or the environment is negligible.

Refer to the following Level II procedures for further information:

Procedure 211001:	*Chemical Spill Response*
Procedure 211002:	*Fire Response*
Procedure 211003:	*Evacuation Procedure*

12.0 AIR POLLUTION CONTROL

Air emissions are a common source of pollution from the flexible packaging operations. Identifying the sources of air pollution, the materials that contribute to air pollution, and methods of controlling releases, minimizes the impacts air pollution can have on the environment and surrounding communities. Tracking material type and usage, pollution source operating hours, and pollution control operating parameters ensure all environmental requirements and permit conditions are met.

Refer to the following Level II procedures for further information:

Procedure 211201:	*Tracking Material Composition*
Procedure 211202:	*Tracking VOM Content*
Procedure 211203:	*Material Usage Tracking*
Procedure 211204:	*Extrusion Laminator VOM Daily Log*
Procedure 211205:	*Monthly Subpart JJJJ Compliance w/o Controls*
Procedure 211206:	*Monthly Subpart JJJJ Compliance w/Controls*
Procedure 211207:	*Monthly Boiler Operating Hours*
Procedure 211208:	*Refrigeration Unit Management*
Procedure 211209:	*Refrigeration Maintenance*
Procedure 211210:	*Permanent Total Enclosure Inspection*
Procedure 211211:	*Parameter Monitoring*
Procedure 211212:	*Fugitive Particulate Matter*
Procedure 211213	*Natural Gas Usage*

13.0 HAZARDOUS WASTE MANAGEMENT

Proper management of hazardous waste is vital to the protection of the environment. From the point of generation to the off-site transportation for disposal, minimizing releases to air and ground is of the utmost importance. Proper identification of the wastes, labeling, and selection of disposal methods all ensure that the waste will not have a significant impact on the environment.

Refer to the following Level II procedures for further information:

Procedure 211301:	*Hazardous Waste Handling*
Procedure 211302:	*Hazardous Waste Storage*
Procedure 211303:	*Fluorescent Bulb Handling*
Procedure 211304:	*Used Oil Handling*
Procedure 211305:	*Solvent Contaminated Rags*
Procedure 211306:	*Solvent Contaminated Absorbents*
Procedure 211307:	*Weekly Waste Storage Inspection*
Procedure 211308:	*Pre-Transport Inspection*

Revision Originator: Mark Pederson — Effective Date: 02/01/06

Revision History: Original: — Issued: 12/01/05

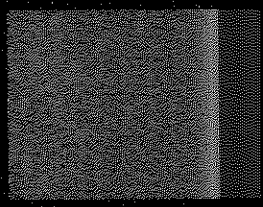
Approvals:

President & COO: Ohuanne Doelill — Date: 12/7/05

Vice President of Manufacturing: — Date: 12-8-05

Quality Assurance Manager: — Date: 12/08/05

Management Representative: Mark E Pederson — Date: 12/8/05



Preventive Maintenance

Purpose: To maintain stable, predictable processes and to continually improve quality of product.

Application: Any manufacturing process

Training Requirements: Vice President of Manufacturing, Printing Press Operator, Laminator Operator, Shift Supervisor

Procedure:

1. SPC information (variable/condition(s) to be monitored, charting method to be used) will be found on the specification within the job jacket.

2. Charts are located at every SPC Station next to each machine. Extra charts are kept in the supervisors office and in the Q.A. Department. See forms XMRG AND XBRG.

3. Samples are to be taken from the end of every mill roll unless otherwise specified, in accordance with procedure 100201.

4. If possible, tests will be done press-side. Any test that cannot be done press-side will be done in the lab by a technician.

5. If the test(s) is made in the lab, the lab technician will write the results of the test on a data sheet (SPDC) and bring it to the operator in a timely manner. In addition to the results of the particular test, it is the lab technicians responsibility to include the following information on each data sheet:

    1) Type of test
    2) The lab technicians initials
    3) Job Number
    4) Roll number

6. It is the operators responsibility to do any calculations of the data received form the lab.

7. Operators will also be responsible for marking all results on the appropriate SPC chart along with the following information: (Whenever applicable)

    1) Job Number
    2) Date
    3) Machine
    4) Material Description
    5) Roll Number
    6) UCL's, LCL's, and Averages

8. Operators are to indicate any unusual occurrence(s) directly on the chart.

9. Operators are to circle, using a red pen/marker, any point that is outside the control limits.

10. If a point does fall outside the control limits the operator should notify his supervisor at which time action may be taken.

11. On completion of the run the SPC charts(s) will be placed in the job jacket.

Revision Originator: Kerri Jacknow Effective Date: 12/18/05

Revision History:			
	Rev. B:	Update Training Requirements	Issued: 11/18/05
	Rev. A:	Add Training Req., Update titles and references to forms.	Issued: 03/31/98
	Original:		Issued: 02/03/98

Approvals:

Vice President of Manufacturing: _____ Date: 12-5-05

Vice President of Technology: _____ Date: 121205

Management Representative: _____ Date: 11/21/05

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QUALITY SYSTEM OPERATING PROCEDURE 090102 1 of 1 Rev: D
PREVENTIVE MAINTENANCE SCHEDULING Rev. Date: 02/13/98

Purpose: To ensure preventive maintenance is performed at the scheduled intervals.

Application: All plant production equipment (excluding pouch equipment).

Training Requirements: Maintenance Supervisor, Maintenance Secretary.

Procedure:

1. The Maintenance Supervisor or Maintenance Secretary will complete a Preventive Maintenance Schedule every 3 months. This schedule will be used to assign preventive maintenance tasks to Maintenance personnel.
2. The effective dates (3 month span) will be entered on the 'Effective Dates' line.
3. The 'Last PM Date' column will be completed by transferring the data from the 'Date PM Due' column on the previous Preventive Maintenance Schedule to the new schedule.
4. The 'PM Due Date' column will be completed by adding 3 months to the 'Last PM Date' column.
5. The proper interval will be circled based upon the previous Preventive Maintenance Schedule. If the previous maintenance interval was 3 months, 6 months will be circled. If the previous maintenance interval was 6 months, 9 months will be circled. If the previous maintenance interval was 9 months, 12 months will be circled. If the previous maintenance interval was 12 months, 3 months will be circled.
6. Upon completion of a preventive maintenance job, the completion date will be entered on the 'Date PM Completed' column.
7. A copy of the Preventive Maintenance Schedule will be located at each machine.

Revision Originator: Mark Pederson Effective Date: 03/20/98

Revision History:			
	Rev. D:	Update Titles of Personnel Change 'Date PM Completed' to 'Date PM Due'	Issued: 02/13/98
	Rev. C:	Training requirements added to procedure.	Issued: 01/18/95
	Rev. B:	Copy of schedule at each machine.	Issued: 08/31/92
	Rev. A:	Excluded pouch equipment.	Issued: 08/24/92
	Original:		Issued: 06/08/92

Approvals:

Maintenance Supervisor: Mark Thomas Date: 2/14/98

Management Representative: DR Pedrill Date: 2/14/98

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Purpose: To track all work orders performed by Maintenance.

Application: All maintenance work orders.

Training Requirements: Maintenance Supervisor, Maintenance Secretary.

Procedure:

1. Upon completion of any Maintenance Work Orders, the work will be entered in the Maintenance Module of the Ross Computer System.

2. Maintenance will enter the following information as prompted by the Ross System:

   - Work Order Number
   - Class (Preventive, Calibration, Modification or Repair).
   - Cause (Reason for the work order).
   - Effect (Downtime, Reduced output or No Effect).
   - Comments
   - Time required
   - Maintenance Personnel assigned.
   - Completion date.

3. If inventoried parts were used as indicated by the work order they will be entered into the Inventory Module of the Ross System.

Revision Originator: Kerri Jacknow Effective Date: 0730/05

Revision History:	Rev. C:	Updated to match Ross Computer System.	Issued: 07/15/05
	Rev. B:	Update Titles of Personnel Delete Step 4	Issued: 02/13/98
	Rev. A:	Training requirements added to procedure.	Issued: 01/18/95
	Original:		Issued: 06/08/92

Approvals:

Maintenance Supervisor: Mark T Ross Date: 7/19/05

Management Representative: Doug Friend Date: 7/18/05

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QUALITY SYSTEM OPERATING PROCEDURE 090104 1 of 1 Rev: E
WEEKLY PREVENTIVE MAINTENANCE Rev. Date: 07/15/05

Purpose: To ensure continuing process capability.

Application: All plant production equipment (excluding pouch equipment).

Training Requirements: Vice President Manufacturing, Maintenance Supervisor, Shift Supervisor, Pouch Manager, Pouch Supervisor, Shipping Supervisor, Receiving Supervisor, Operations Manager, Custodian, Extrusion Manager.

Procedure:

1. Plant production equipment requiring preventive maintenance on a weekly basis will be put on an additional preventive maintenance schedule. Refer to Schedule P-70025.

2. Within one day of the scheduled weekly maintenance, the Maintenance Supervisor or Secretary will issue the Weekly Preventive Maintenance Schedule along with the necessary Work Orders.

3. Maintenance will perform all appropriate procedures based on the Weekly Preventive Maintenance Schedule.

4. Upon completion of an item, the initials of the employee performing the maintenance will be entered on the Maintenance Schedule and the employee will complete the corresponding Work Order. Any important comments will also be entered.

5. The completed Maintenance Schedule will be returned to the Maintenance Supervisor.

6. The Maintenance Supervisor will review the Maintenance Schedule to insure completeness and to initiate any necessary actions.

7. Completed Work Orders will be entered into the Maintenance Module. See Procedure 090103.

Revision Originator: Kerri Jacknow Effective Date: 07/30/05

Revision History:			
	Rev. E:	Update to reflect the Ross Computer System	Issued: 07/15/05
	Rev. D;	Update Training	Issued: 07/11/05
	Rev. C:	Update training requirements	Issued: 06/09/05
	Rev. B:	Update Titles of Personnel	Issued: 02/13/98
	Rev. A:	Training requirements added to procedure.	Issued: 01/18/95
	Original:		Issued: 08/24/92

Approvals:

Maintenance Supervisor: Mark T Rhoads Date: 7/22/05

Management Representative: Doug Friend Date: 7/21/05

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Purpose: To ensure continuing air compressor capability.

Application: All plant air compressors.

Training Requirements: Maintenance Supervisor, Maintenance Mechanic, Maintenance Secretary.

Procedure:

1. Preventive maintenance will be performed on the air compressors on a daily basis (Monday-Friday excluding holidays).

2. An 'Air Compressor Daily Maintenance' form will be attached to the compressors. Refer to Form ACDM.

3. When a new form is to be started, the starting effective date will be entered on the form. The compressor to which the form applies will be circled on the 'Compressor' line. Based on information from the previous form, the next 1000 hour and 2000 hour intervals will be entered.

4. The following information will be entered at the time of maintenance:

   - o Date
   - o Hours of operation
   - o Sump pressure
   - o Line pressure
   - o Oil temperature
   - o Fluid filter differential pressure
   - o Separator differential pressure

5. The following tasks will be performed and recorded on the form.

   - o Test all auto drain valves for proper operation
   - o Inspect the refrigeration gauge
   - o Change the fluid filter (after 1000 hours of use)
   - o Change the air filter (after 1000 hours of use)
   - o Change the oil (every 2000 hours)

6. Upon completion , the initials of the employee performing the maintenance will be entered.

7. Upon completion of a form, the next blank maintenance form will be prepared. The completed form will be returned to the Maintenance Supervisor.

Revision Originator: Mark Pederson Effective Date: 03/20/98

Revision History:			
	Rev. B:	Update Titles of Personnel	Issued: 02/13/98
	Rev. A:	Training requirements added to procedure. Holidays excluded from daily maintenance.	Issued: 01/18/95
	Original:		Issued: 08/24/92

Approvals:

Maintenance Supervisor: Mark Thomas Date: 2/16/98

Management Representative: DR Dodwell Date: 2/26/98

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AIR COMPRESSOR DAILY MAINTENANCE

EFFECTIVE DATES: _____ To _____ (MONTH / DAY / YEAR)

COMPRESSOR: 40 HP 75 HP 10 HP #1 10 HP #2 NEXT 1000 HOURS: _____ NEXT 2000 HOURS: _____

DATE	HOURS*	SUMP PRESSURE	LINE PRESSURE	OIL TEMP	FLUID FILTER DIFF. PRESS.	SEPARATOR DIFF. PRESS.	TEST 1	REF. 1	REF. 2	CHANGE 1	CHANGE 2	CHANGE 3	INITIALS

TEST 1: TEST ALL AUTO DRAIN VALVES FOR PROPER OPERATION
REFERENCE 1: AIR DRYER DISCHARGE PRESSURE 200-350 PSI
REFERENCE 2: AIR DRYER SUCTION PRESSURE 60-68 PSI
IF 'HOURS' HAVE NOT CHANGED, NO MAINTENANCE IS NECESSARY

CHANGE 1: CHANGE FLUID FILTER EVERY 1000 HOURS
CHANGE 2: CHANGE AIR FILTER EVERY 1000 HOURS
CHANGE 3: CHANGE OIL FILTER EVERY 2000 HOURS

COMPLETE FOR PER PROCEDURE 090105

ACDM4 08/00

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Purpose: To ensure all rubber and anilox rollers are in proper operating condition.

Application: Rubber and anilox rollers.

Training Requirements: Maintenance Supervisor, Maintenance Secretary, Shift Supervisor, Press Operator.

Procedure:

1. Maintenance will generate work orders to inspect anilox and rubber rollers on all decks of the following machines using the specified inspection frequency.

2. 434 Press – Every two weeks
   660 Press – Every two weeks
   Ultralam – Every two weeks
   GFG – Every two weeks
   Roto – Monthly
   Convert Jet – Every two weeks
   Sirio – Every two weeks

3. Shift supervisors (Addison) or Press Operators (Bloomfield) will be given the work orders and will be responsible for performing the inspections.

4. Each roller will be inspected for lines, nicks, scratches, wear and other characteristics that will affect the rollers performance. Observations for each deck will be noted on the work order.

5. The completed work order will be returned to Maintenance for review by the Maintenance Supervisor. The Maintenance Supervisor will determine the appropriate action.

Revision Originator: Kerri Jacknow Effective Date: 07/30/05

Revision History:			
	Rev. C:	Changed to reflect the Ross Maintenance System	Issued; 07/18/05
	Rev. B:	Update Titles of Personnel	Issued: 02/13/98
	Rev. A:	Training requirements added to procedure.	Issued: 01/18/95
	Original:		Issued: 09/17/92

Approvals:

Maintenance Supervisor: Mark Tibbs Date: 7/19/05

Management Representative: Doug Wiesel Date: 7/18/05

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Purpose: To ensure all chillers are in proper operating condition.

Application: Chiller #1 and Chiller #2.

Training Requirements: Maintenance Supervisor, Maintenance Mechanic, Maintenance Secretary.

Procedure:

1. Maintenance will inspect Chiller #1 (#J-1740) and Chiller #2 (#950221) on a Daily basis.
2. A 'Daily Inspection Log of 10 Ton Chiller' form will be used to document the inspection. See Form CISP.
3. Maintenance will issue a 'Daily Inspection Log of 10 Ton Chiller' form (Form CISP) at the time of the inspection. The date, and inspector's name will be indicated in the appropriate column of the form.
4. Each compressor hour meter will be checked and the reading will be recorded.
5. The water temperature gauge will be checked and the reading will be recorded.
6. The water supply and water return pressure gauges will be checked and the reading recorded.
7. The supply pressure will be compared with the return pressure. If the differential is 5 lbs. or greater, maintenance will change the filter bag
8. The form will be initialed by the maintenance mechanic and presented to the Maintenance Supervisor for review.

Revision Originator: Mark Pederson Effective Date: 03/20/98

Revision History: Original: Issued: 02/13/98

Approvals:

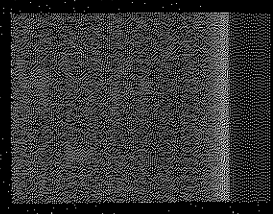
Maintenance Supervisor: Mark Thaw Date: 2/14/98

Management Representative: DR Dodwell Date: 2/14/98

DAILY INSPECTION LOG OF 10 TON CHILLER #J-1740
COMPLETE PER PROCEDURE 090108

DATE	HOURS COMPRESSOR #1	HOURS COMPRESSOR #2	WATER TEMP DEGREES F	SUPPLY PRESSURE	RETURN PRESSURE	WORK DONE BY	COMMENTS

*SYSTEM TO BE BACKFLUSHED AND FILTER BAG CLEANED ON THE 15TH OF EVERY MONTH CISP 1/98



Regulatory Assessment

I. Regulatory Assessment Procedures

A. Procedure 210301: Environmental Aspects
B. Procedure 210401: Regulatory Awareness
C. Procedure 210501: Hazardous Waste Training

II. Forms

A. Form EIAF: Environmental Impact Assessment
B. Form HWTA: Hazardous Waste Training

III. Reference

A. Reference V-21041: Federal Register List Server Registration

Purpose: To assess environmental impacts from production activities.

Application: New and modified process equipment

Training Requirements: EHS Manager

Procedure:

1. Installation of new production equipment or modifications to existing production equipment, will undergo and assessment to determine the environmental aspects and impacts.
2. The aspects of the project shall be identified for both normal operating conditions and abnormal operating conditions. (See Form EIAF)
3. The aspects will focus on air, waste, energy consumption/savings, and regulatory/permitting requirements.
4. The impacts on the environment will be assessed for each aspect identified.
5. The impacts will be rated on a scale of 1-10, with 1 having minimal impact, and 10 having the most impact.
6. An average score will be determined for the project.
7. A project with an average score above 7 shall undergo further analysis to minimize the impacts, if possible.
8. The analysis and outcome shall be documented and stored for a minimum of 7 years.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Shuanne Oodill Date: 12/5/05

Purpose: To ensure regulations, guidance and policy under development are tracked.

Application: Federal and State Air Pollution Control and Waste Regulations

Training Requirements: EHS Manager

Procedure:

1. The EHS Manager is responsible for tracking both federal and state regulatory development activities.
2. The EHS Manager shall subscribe to various US EPA Federal Register List Servers. (See Reference V-21041 for instructions on registration).
3. The Flexible Packaging Association's quarterly issued Environmental Index, which tracks regulatory issues directly affecting the industry, shall be reviewed upon receipt.
4. Upon completion of review of the Index, the document shall be initialed, dated, and filed. The oldest version shall than be destroyed.
5. The Illinois Pollution Control Board web site shall be accessed to determine if any Illinois Environmental Protection Agency activities need tracking. (See www.ipcb.state.il.us)
6. A copy of the IEPA Semi-Annual Agenda shall be downloaded and printed for review. Upon completion of review, the document shall be initialed, dated, and filed.
7. Copies of the IEPA Semi-Annual Agenda shall be retained for two years.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Roseanne Woodruff Date: 12/6/05

Purpose: To ensure employees are properly trained in the management of hazardous waste.

Application: All employees involved in hazardous waste management

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Printing Press Operator, Laminator Operator, Printing Press Helper, Laminator Helper, Color Matcher, Ink Room Assistant, Shift Supervisor, Operations Manager, Maintenance Supervisor, Maintenance Mechanic.

Procedure:

1. Hazardous waste training shall be provided to employees directly involved in the generation and management of these wastes.

2. Training of new employees shall be conducted within 30 days of employment. All employees shall be trained on an annual basis.

3. The trainer shall instruct and inform the employee on all applicable regulatory requirements associated with the generation and management of hazardous wastes.

4. The training program shall consist of the following:

    - Definition of solid waste and hazardous waste
    - Waste identification and ID Codes
    - Satellite storage and container management
    - Proper container labeling
    - Less-than-90 day storage and container management
    - Pre-Transport requirements
    - Manifest requirements
    - Contingency Plans
    - Used oil Management
    - Used fluorescent bulb management
    - Used rags management
    - Spent absorbent material management
    - New regulatory requirements

4. At the completion of training, employees will take a test to assess their understanding of the waste management requirements.

5. The employee shall retake the training within 30 days if he/she answers more than 40% incorrect.

6. Upon completion of the training and passing the test, the employee shall sign and date the attendance sheet (Form HWTA).

7. A copy of the attendance form shall be filed in the appropriate employee file. The original attendance form shall be filed with the EHS Manager.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: _____ Date: 12/2/05

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Environmental Impact Assessment

Project: _____

Aspects	Regulatory	Air	Waste	Energy	Score
				Average Score	

Review Confirmation:_____ Date:_____

Complete per procedure 210301

Form EIAF1 01/06

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HAZARDOUS WASTE TRAINING

DATE: _____

EMPLOYEE NAME (Please Print)	EMPLOYEE SIGNATURE	Pass/Fail (To be completed by EHS Manager)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

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Purpose: To ensure federal regulatory development is tracked.

Application: All federal air and waste regulations.

Training Requirements: Environmental, Health & Safety Manager

Procedure:

1. Access the US EPA website at www.epa.gov
2. In the left hand column of the homepage, click on 'Information Sources.'
3. Locate the heading 'Newsletters and Listservs,' and click on 'Listservs.'
4. Scroll down the webpage and locate 'epa-general', then click on the 'subscribe' button located on the left hand side of the page.
5. Enter the required information (email address, name, and password) in the appropriate sections and click on 'subscribe.'
6. Click on the 'OK' button on the confirmation page. An email will be sent acknowledging your subscription.
7. Repeat steps 5-6 for the following 'listservs': epa-waste, epa-air, and epafr-contents.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

President & COO: _____ Date: 12/7/05

Management Representative: _____ Date: 12/7/05

Waste

ROLLPRINT PACKAGING PRODUCTS, INC.

I. Waste Procedures

A.	Procedure 211301:	Hazardous Waste Handling
B.	Procedure 211302:	Hazardous Waste Storage
C.	Procedure 211303:	Fluorescent Bulb Handling
D.	Procedure 211304:	Used Oil Handling
E.	Procedure 211305:	Solvent Contaminated Rags
F.	Procedure 211306:	Solvent Contaminated Absorbents
G.	Procedure 211307:	Weekly Waste Storage Inspection
H.	Procedure 211308:	Pre-Transport Inspection

II. Forms

A.	Form MWDC:	Machine Waste Drum Count
B.	Form MCSI:	Weekly Container Storage Inspection Log
C.	Form VWPC:	Vendor Waste Pick-up Checklist

III. Reference

A.	Reference V-21131:	Hazardous Waste Label
B.	Reference V-21132:	Flammable Liquid Label
C.	Reference V-21133:	Universal Waste Label
D.	Reference V-21134:	Used Oil Label
E.	Reference V-21135:	Flammable Solid Label

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ENVIRONMENTAL MANAGEMENT SYSTEM

OPERATING PROCEDURE **211301** **1 of 1** Rev: Original

HAZARDOUS WASTE HANDLING Rev. Date: 12/01/05

Purpose: To insure hazardous wastes are handled in a safe manner.

Application: All solvent and water based wastes.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Printing Press Operator, Laminator Operator, Extrusion Laminator Operator, Printing Press Helper, Laminator Helper, Extrusion Laminator Helper, Color Matcher, Ink Room Assistant, Shift Supervisor, Operations Manager, Extrusion Manager.

Procedure:

1. The Equipment operators are responsible for separating wastes into the following categories:
   - Solvent Wastes.
   - Water-Based Waste Inks.
   - Water-Based Waste Primers and Coatings.
2. Solvent wastes will be accumulated in steel drums located in the flammable liquids storage cabinets near the point of generation.
3. Water-based waste inks are accumulated in steel drums located in the ink room.
4. Water-based waste primers and coatings are accumulated in fiber drums and stored in the Shipping Dock area.
5. Spent solvent wastes are typically generated at the end of the production run, when the employees discard unused adhesive mixes and spent solvent from the equipment clean-up process.
6. At the point of generation, the spent solvent wastes will be transferred to the drums located in the flammable liquid storage cabinets.
7. Upon completion of the clean-up process, the drum bung holes will be sealed with the appropriate bung hole caps.
8. Once the waste drum is full, the drum will be transferred to the ink room, identifying which machine generated the drum of waste.
9. An empty drum will be retrieved and placed in the flammable liquid storage cabinet.
10. The employee will place a "Hazardous Waste" sticker (Reference V-21131) on the front of the drum, ensuring the label has the appropriate hazardous waste contents information on it.

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: _____ Date: 12/6/05

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ENVIRONMENTAL MANAGEMENT SYSTEM OPERATING PROCEDURE HAZARDOUS WASTE STORAGE

Rev: Original
Rev. Date: 12/01/05

Purpose: To insure hazardous wastes are stored in a safe manner.

Application: All solvent based hazardous wastes.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Color Matcher, Ink Room Assistant, Shift Supervisor, Operations Manager, Extrusion Manager.

Procedure:

1. Within two days of hazardous waste drums being transferred to the ink room, the accumulation start date will be entered on the hazardous waste label by the Color Matcher or other designated employee. See Ref V-21131
2. All unnecessary labels will be removed or painted over, and a flammable label (Reference V-21132) will be placed on the container, near the hazardous waste label.
3. The machine from which the waste was generated will be documented on the Machine Waste Drum Count Form MWDC.
4. The drum, upon completion of proper labeling, will be transferred to the second floor of the ink room for storage. The drums may be stored on the first floor if there is not enough room, ensuring aisle space between storage shelves and drums.

Revision Originator: Mark Pederson

Effective Date: 02/01/06

Revision History: Original:

Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dwianne Woodruff Date: 12/6/05

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ENVIRONMENTAL MANAGEMENT SYSTEM OPERATING PROCEDURE
FLUORESCENT BULB HANDLING

Rev: Original
Rev. Date: 12/01/05

Purpose: To insure spent fluorescent bulbs are handled in a safe manner.

Application: All spent fluorescent bulbs.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Maintenance Supervisor, Maintenance Mechanic

Procedure:

1. Spent fluorescent bulbs are to be handling with extreme care, so as to minimize breakage.
2. Spent fluorescent bulbs, as they are replaced, will be placed in boxes that contained the new bulbs. The boxes will be placed in the 345 warehouse for storage, and affixed with a Universal Waste label. See Ref. V-21133
3. The fluorescent bulbs will accumulate in closed boxes until full, at which time the boxes will be properly sealed.
4. The boxes, prior to shipment, will be placed on pallets and shrink wrapped.
5. Broken bulbs are to be swept with a broom and placed in 5-gal pails. DO NOT VACUUM. The pail will be sealed and affixed with a Universal Waste label.
6. An approved vendor will be contacted to schedule a pick-up of the spent fluorescent bulbs.

Revision Originator: Mark Pederson

Effective Date: 02/01/06

Revision History: Original:

Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dwuanne Odell Date: 12/2/05

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Purpose: To insure used oil is handled in a safe manner.

Application: All spent used oil and hydraulic fluid.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Maintenance Supervisor, Maintenance Mechanic, Color Matcher, Ink Room Assistant.

Procedure:

1. Used oil and spent hydraulic fluid is generated from the preventive maintenance program initiated under the Quality Management System.
2. Spent material will be collected in 5-gallon containers at the point of generation.
3. The containers will be transferred to the collection area, and transferred into 55-gallon steel drums.
4. Upon completion of transfer, the funnel will be removed and the drum bung holes replaced.
5. When the drum becomes full, it will be transferred to the ink room for storage. The date the drum becomes full will be entered on the label.
6. Spent oil absorbent pans will be collected and accumulated in 55-gallon steel drums.
7. The collection point for the spent pans is in the ink room.
8. An empty drum will be retrieved, and a "Used Oil" label will be affixed to the side of the drum. See Reference V-21134
9. Used oil will be stored on site for less than 180 days.
10. Upon accumulation of enough drums, or the storage time limit nears, and approved vendor will be contacted for pick-up

Revision Originator: Mark Pederson Effective Date: 02/01/06

Revision History: Original: Issued: 12/01/05

Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Marianne Woodill Date: 12/6/05

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ENVIRONMENTAL MANAGEMENT SYSTEM
OPERATING PROCEDURE **211305** **1 of 1** Rev: Original
SOLVENT CONTAMINATED RAGS Rev. Date: 12/01/05

Purpose: To insure solvent contaminated rage are handled in a safe manner.

Application: All solvents contaminated rags.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Printing Press Operator, Laminator Operator, Extrusion Laminator Operator, Printing Press Helper, Laminator Helper, Extrusion Laminator Helper, Color Matcher, Ink Room Assistant, Shift Supervisor, Operations Manager, Extrusion Manager.

Solvent contaminated rags

Procedure:

1. Production equipment operators/helpers are responsible for retrieving clean rags from the maintenance department.
2. The rags are designated for equipment cleaning, which typically involves the use of flammable solvents.
3. When the rags become contaminated beyond usage, the operator will wring out as much solvent into a 5-gal wash pail.
4. The spent rags shall be deposited into a flammable rag accumulation container, located near the machine, and the lid closed securely.
5. If the container lid is damaged or does not close securely, it shall be replaced immediately.
6. Once a week the Maintenance Department shall empty the container into a 55-gal collection barrel. The barrel shall be labeled with a "Hazardous Waste" label (Reference V-21131), a "Flammable Solid" label (Reference V-21135), and its waste contents identified as "Spent Rags."
7. The lid of the drum shall be securely closed after the rags have been transferred into the container
8. If the accumulation container becomes full before its scheduled to be emptied, it shall be emptied immediately by the machine operator/operator helper.
9. Once the waste rag drum is full, a new drum shall be retrieved and labeled appropriately.
10. The drum shall be pick-up by the company's supplier of rags.

Revision Originator: Mark Pederson Effective Date: 02/01/06

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Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Suzanne Oordill Date: 12/6/05

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ROLLPRINT PACKAGING PRODUCTS, INC.

Purpose: To insure solvent contaminated absorbents are handled in a safe manner.

Application: All solvent contaminated absorbents.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Printing Press Operator, Laminator Operator, Extrusion Laminator Operator, Printing Press Helper, Laminator Helper, Extrusion Laminator Helper, Color Matcher, Ink Room Assistant, Shift Supervisor, Operations Manager, Extrusion Manager.

Procedure:

1. In response to solvent spills, the operator/helper shall retrieve the appropriate spill response absorbents from the designated location in the particular building.
2. The spill shall be cleaned up immediately using the absorbents.
3. When the spill area has been completely cleaned, the spent absorbents shall be placed in the appropriate 55-gallon collection container.
4. If this is the initial generation of spent absorbents being added to the container, the container shall be labeled with a "Hazardous Waste" label (Reference V-21131), a "Flammable Solid" label (Reference V-21135), and its waste contents identified as "Spent Rags."
5. Absorbent socks that are placed around the machines shall be handled in the same manner as the spent absorbents.
6. The lid of the drum shall be securely closed after the absorbents have been transferred into the container
7. Once the waste absorbent container is full, a new drum shall be retrieved and labeled appropriately.
8. The drums shall be scheduled for pick-up by an approved vendor.

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Management Representative: Mark E Pederson Date: 12/7/05

President & COO: _____ Date: 12/6/05

ROLLPRINT
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Purpose: To insure all waste generation, storage, and emergency response equipment are inspected on a weekly basis.

Application: All waste generation, storage, and emergency response locations.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager

Procedure:

1. Once per calendar week, the EHS Manager shall inspect all areas of waste generation, the less-than-90-day storage area, and status of emergency response equipment.
2. The VP of Manufacturing shall conduct the inspection if the EHS Manager will be out of the office for that week.
3. The inspector shall use the Waste Container Storage Inspection Log (Form WCSI) to complete the inspection. A separate form shall be completed for the 320 and 335 S Stewart Avenue facilities.
4. The inspector shall enter his/her name, date, time, and location of inspection.
5. The inspector shall count the number of hazardous waste drums located in the less-than-90-day storage area, and enter the information on the form.
6. The earliest accumulation start date marked on the accumulation label shall be documented on the form.
7. The containers shall be inspected to ensure that they are properly labeled and closed.
8. The containers shall be inspected for evidence of leaks, corrosion, pitting, or any other damage that jeopardizes the integrity of the containers.
9. The inspector shall ensure there are fire extinguishers in the immediate area of the drum storage area.
10. The inspector shall ensure there is an appropriate supply of spill response absorbents located in the respective storage areas.
11. The Satellite Accumulation areas shall be inspected to ensure that the containers are properly labeled and closed when waste is not being added to the container.
12. The inspector, upon completion of the inspection, shall sign and date the form, and file it in the Weekly Inspection Log.

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Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Marianne Dodd Date: 12/1/05

Purpose: To insure compliance with pre-transport requirements.

Application: All waste shipments awaiting pick-up.

Training Requirements: V.P. of Manufacturing, Environmental Health and Safety Manager, Color Matcher, Shift Supervisor, Operations Manager, Extrusion Manager.

Procedure:

WASTE CONTAINERS (DRUMS)

1. Upon scheduling a waste pick-up for waste containers, the EHS Manager shall notify the Color Matcher the expected date of pick-up.
2. The Color Matcher shall begin staging the containers on the receiving dock area.
3. If applicable, the Color Matcher shall apply the appropriate waste transport label and DOT label next to that label. Applicable only when the labels and manifest are received prior to the pick-up date. If the driver brings the labels and manifest with him on the day of pick-up, then the Color Matcher will apply the labels at that time.
4. The Color Matcher shall ensure that all bungs are tightly secured and the drums are not leaking.
5. On the morning of pick-up, the EHS Manager shall ensure the containers are staged for pick-up.
6. The EHS Manager shall inspect the drums and complete the Vendor Pick-Up Checklist (Form VWPC).
7. The completed Vendor Pick-Up Checklist shall be filed with the Generator's Manifest copy.

WASTE CONTAINERS (BOXES)

8. Upon scheduling a waste pick-up for spent fluorescent bulbs, the EHS Manager shall notify the 1st Shift supervisor or Operations Manager the expected date of pick-up.
9. The 1st Shift supervisor shall assign an employee to palletize the boxes of spent fluorescent bulbs and shrink wrap the loaded pallet.
10. On the morning of pick-up, the EHS Manager shall ensure the pallets are staged for pick-up.
11. The EHS Manager shall inspect the pallets and complete the Vendor Pick-Up Checklist (Form VWPC).
12. The completed Vendor Pick-Up Checklist shall be filed with the Generator's Manifest copy.

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Effective Date: 02/01/06

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Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Marianne Dodd Date: 12/6/05

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MACHINE WASTE DRUM COUNT

Date:_____

Ultra-Lam	GFG	Duoflex	660	434	ROTO	Lab-Lam

Completed By:_____

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WEEKLY CONTAINER STORAGE INSPECTION LOG

Date:_____ Time:_____ Location:_____

Name of Inspector:_____

Number of Containers Type

_____ _____

_____ _____

_____ _____

_____ _____

☐ All containers in good condition
- No evidence of corrosion (e.g., pitting or severe rust/deterioration other than minor surface discoloring)
- No evidence of leaks
- Containers not dented, crushed or punctured
- General condition of containers

☐ All containers closed

☐ All containers properly marked and markings clearly visible
- Start date
- Words "Hazardous Waste" on each container
- Oldest start date:_____

☐ Emergency equipment present and in good condition
- Fire extinguishers
- Hoses
- Alarms
- Spill response materials

☐ Ignitable and reactive waste ≥ 15 m. or 50 feet from property line

☐ No incompatible wastes together.

Description of any problems found and actions taken: ☐ None

_____

_____

_____

Signature:_____

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VENDOR WASTE PICK-UP CHECKLIST

CONTAINER CONDITION (Drum pick-up)

____Drums staged and accessible for pick-up
____Drums are appropriate UN Containers (for regulated waste)
____Drums are clean & free of standing liquids, not leaking
____Drums free from excessive rust, dents, deterioration
____Bungs fitted and tightened

CONTAINER CONDITION (Spent Bulb Pick-up)

____Boxes closed securely
____Boxes stacked on pallets and shrink wrapped
____Boxes staged and accessible for pick-up

LABELS AND MARKING

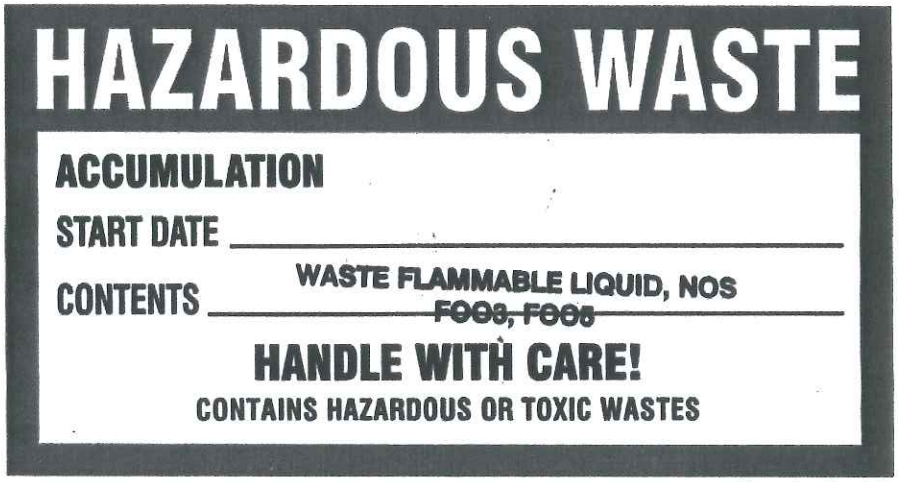
____Appropriate waste labels used & applied to container
  Hazardous = yellow
  Universal = purple
  Non-Hazardous = green
  Non-Regulated = blue
____Hazardous Labels must include (Hazardous waste pick-up only):
  Manifest Document Number
  Accumulation Start Date
  EPA ID#
____DOT Shipping description matches description on manifest
____DOT label applied near Hazardous or Non-Regulated waste label
____All old container marking/labels removed or covered completely

PAPERWORK

____Manifest
____LDR Form (if applicable)
____Manifest # on all paperwork
____Generator EPA ID# and address correct
____Driver's signature and date on Line 17 of Manifest
____Authorized Generator signature (and Title) and Date on Line 16 of Manifest
____Authorized Generator signature, Title and Date on LDR Form (if applicable)
____Retain Generator copy and State copy of Manifest
____Retain copy of LDR form (if applicable)
____Vehicle properly placarded
____Mail State copy of Manifest to appropriate state (make second copy and send to receiving state if applicable)

Completed By:_____

Date:_____



Lab Safety Supply Inc. Reorder No. 620

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Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Rhuanne Dodsell Date: 12/2/05

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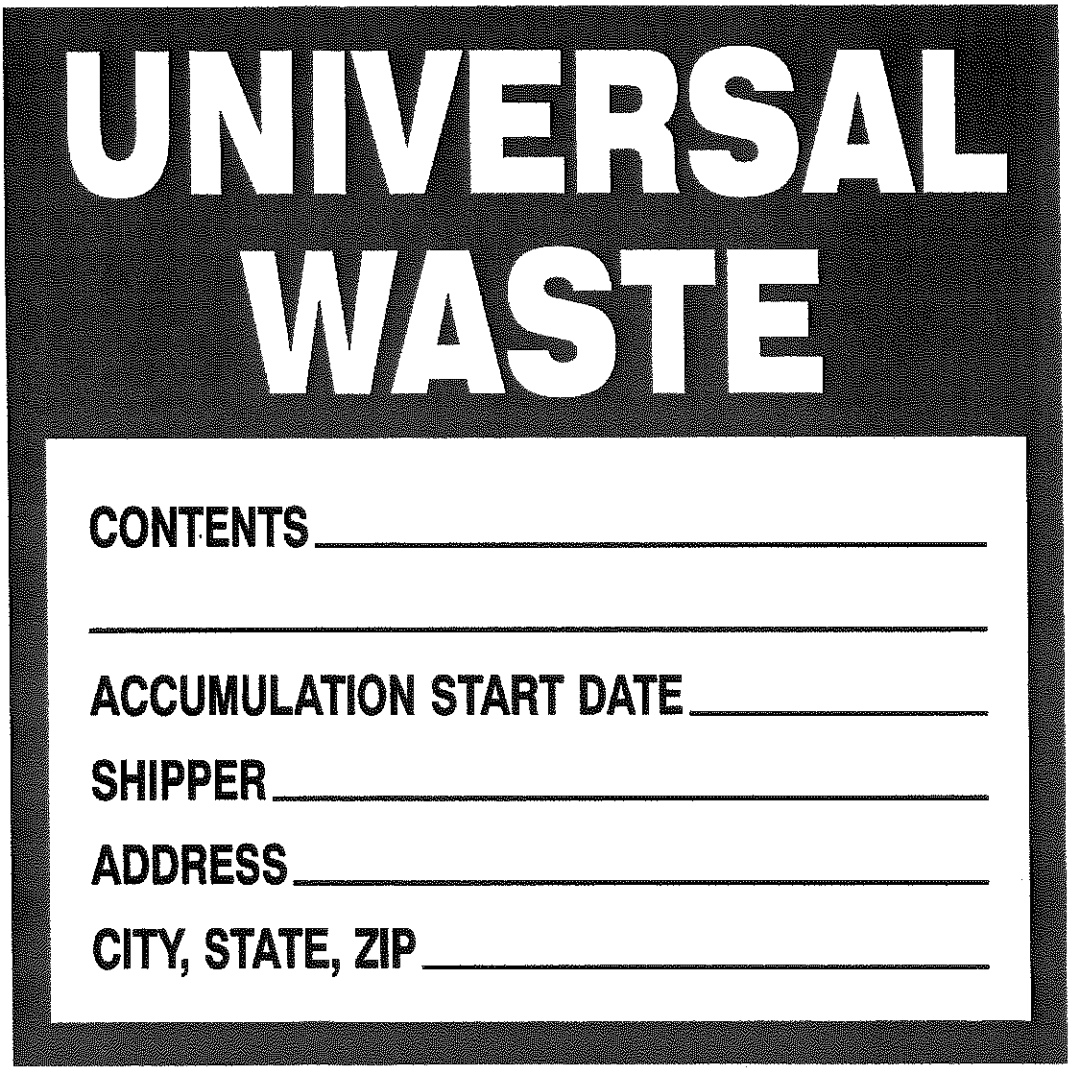
Approvals:

Vice President of Manufacturing: _____ Date: 12-7-05

Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dmuanne Woodall Date: 12/2/05



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Management Representative: Mark E Pederson Date: 12/7/05

President & COO: Dmuanne Dodrill Date: 12/2/05

USED OIL

GENERATOR INFORMATION

COMPANY _____

ADDRESS _____

CITY, STATE, ZIP _____

SOURCE _____

CONTACT _____

BRADY SIGNMARK® DIV.

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President & COO: Suzanne Dedrick Date: 12/2/05

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President & COO: Rhuanne Dodsill Date: 12/2/05

LEVEL 3